



ROCKWALL POLICE DEPARTMENT ACCIDENT REPORT REQUESTS

Date of Request: _____

Requestor: _____ Phone #: _____

Address: _____

Email: _____

Date of Accident: _____

Specific Address/Highway/ Street Where the Accident Occurred: _____

Name of Any Persons Involved in the Accident: _____

Accident Report #: _____

_____ Copy of Accident Report \$6.00

_____ Certified Copy of Accident Report \$8.00

Report picked up by: _____ Date: _____