

Central Records and Communications

100 N. STATELINE AVENUE, BOX 15
TEXARKANA, TEXAS 75501-5666
903-798-3181
FAX: 903-793-3664

REQUEST FOR POLICE REPORT

Report Number: _____

Type of Report: **Offense Report** **Accident Report** **Arrest Report**

Name of Requestor: Last: _____, **First** _____

Victim's Name (Offense): Last: _____, First: _____

Drivers Name (Accident): Last: _____, First: _____

Arrestee's Name: Last: _____, First: _____

Location of Incident: _____

Date of Incident: _____ Time: _____

Date of Request: _____ Time: _____

Department Use Only

Clerk Receiving Request: _____

Receipt Number: _____

Date Completed: _____ Time: _____