

# Hutchins Police Department

## Public Information Act Request

Pursuant to the provisions of the Texas Public Information Act, I \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_do request the following records, reports or documents, I understand that I must complete this form and list the information requested. I also understand that the Hutchins Police Department has 10 business days, not including the day records are initially requested, or to have asked for an opinion from the Attorney General's Office. Some items may not be released based on the exemptions under the Texas Public Information Act.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*You must present a photo ID to request or receive any Arrest Records from the Hutchins Police Department.*

Please complete the following questions, the information provided will only contain the legal information as allowed by the Texas Public Information Act. Payment must be made before records will be released.

Type of Record Requested:

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ or CFS # \_\_\_\_\_

Offense Report Date \_\_\_\_/\_\_\_\_/\_\_\_\_ or CFS # \_\_\_\_\_

Incident Report Date \_\_\_\_/\_\_\_\_/\_\_\_\_ or CFS # \_\_\_\_\_

Crime Statistics Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex Offender Information, Name: \_\_\_\_\_ Area: \_\_\_\_\_

Citation Info Date \_\_\_\_/\_\_\_\_/\_\_\_\_ or Name: \_\_\_\_\_

Other list in detail \_\_\_\_\_

I am seeking the following information: \_\_\_\_\_

I would like to review the following records: \_\_\_\_\_

I need copies of the following: \_\_\_\_\_

Other information about this request you may attach separate documents \_\_\_\_\_

*Payment must be received before request will be processed for all request by phone, fax, or e-mail. Payment can be made in person or by U.S. mail payable to the City of Hutchins. For your convenience accident reports may be purchased online at [cris.dot.state.tx.us](http://cris.dot.state.tx.us)*

Signature of Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Check One:  Complainant  Attorney  Insurance Co.  City Staff

News Media  City Employee  Citizen  Law Enforcement

Elected Official Request  Defendant (Arrestee)  Other \_\_\_\_\_

Intake by: \_\_\_\_\_ Completed by: \_\_\_\_\_ Fee: \_\_\_\_\_

**205 W. Hickman St. Hutchins, Texas 75141**

**Ph. # 972-225-2225**

**Fax # 972-225-3347**

The Hutchins Police Department must obtain the following information in order to determine if you are entitled to a full and complete crash report in accordance with Texas Transportation Code 550.065(c)(4), effective 06/18/2015.

Persons or entities not listed under 550.065(c)(4) may only receive a crash report with redactions made in accordance with 550.065(f)(2).

Please Select which of the below listed items apply to you in relationship to the crash report you are requesting. Please be prepared to provide a valid government issued identification card, driver's license, and or other documentation:

- I am not requesting information on an accident
- I am the driver, or any other person involved in the accident
- I am the authorized representative of any person involved in the accident
- I am the employer, parent, or legal guardian of a driver involved in the accident.
- I am the owner of a vehicle or property damaged in the accident.
  
- I am a person who has established financial responsibility for a vehicle involved in the accident
- I am currently a representative or employee of an insurance company that issued an insurance policy covering a vehicle or any person involved in the accident.
- I am current a person under contract to provide claims or underwriting information to a person or entity described in the preceding two items.
- I am currently a representative or employee of a radio station, television, or newspaper
- I am a person or entity who may sue because of death resulting from the accident.
- I do not fall within any of the above categories. I am requesting a redacted crash report.

\_\_\_\_\_  
Requestor's Signature of Receipt

\_\_\_\_\_  
Date

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**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

Cost: \_\_\_\_\_ Date request completed: \_\_\_\_\_

Date applicant notified: \_\_\_\_\_ Date request picked up: \_\_\_\_\_

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You may email the completed form to [mburns@cityofhutchins.org](mailto:mburns@cityofhutchins.org) or fax to (972) 225-3347. You may bring the form by our Records Division or mail to City of Hutchins, Records Division at 205 W. Hickman, Hutchins, Texas 75141.

For any questions, please contact Record's Office at (972) 225-2225.

### **Copying charges for body worn camera recordings**

The following service charges for copying body worn camera recordings shall be as follows:

- (1) \$10.00 per recording responsive to the request for information; and
- (2) \$1.00 per full minute of body worn camera video or audio footage responsive to the request for information, if identical information has not already been obtained by a member of the public in response to a request for information.

### **Miscellaneous fees for obtaining records from the city's police department**

- (a) Accident reports: \$6.00 each.
- (b) Reports, per page: \$0.10 each.
- (c) Diskette: \$1.00 each.
- (d) Audio cassette: \$1.00 each.
- (e) VHS videocassette: \$2.50 each.
- (f) DVD video/audio: \$3.00 each.
- (g) CD (R or RW): \$1.00 each.
- (h) Photos (based on size): Actual cost.
- (i) Research of records for archived files (labor): \$15.00/hr./person.
- (j) Computer programming: \$28.50/hr.