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**Accident**  
**Open Records Request Form**

**For: Copy of accident reports that fall under the Open Records Act. This form is to be filled out by the person requesting the records. It must be filled out completely.**

**If the accident occurred inside of any city's limits, contact that city's police department.**

**Date requested:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Phone Number: Work/Cell :** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Case number of accident:** \_\_\_\_\_

**(If it is a Williamson County Accident Report the case # will look like the following example: C05-05-1234.)**

**Date of accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location of accident:** \_\_\_\_\_

**Name(s) of Driver(s) involved in accident:** \_\_\_\_\_

**Vehicle(s) description(s):** \_\_\_\_\_

**(2 options must be provided for release)**

**The following fees will apply to these services:**

**Accident Reports: \$6.00 each**

**Please read and sign if you are requesting a copy of an accident report:**

**S.B. 1069 Chapter 731 prohibits the publication of personal information from motor vehicle records on the Internet. You must sign this agreement that you will not disseminate or publish or allow another to disseminate or publish the person information from an accident report on the internet.**

**Signature (required):** \_\_\_\_\_

**I acknowledge that I have received the above requested record(s)**

**Signature (required):** \_\_\_\_\_

For office use only: Records given: _____ Charge: _____ Date: _____ Completed by Initials: _____	Comments:
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