



Omro Police Department

205 South Webster Avenue • P.O. Box 399 • Omro, Wisconsin 54963 • Phone: (920) 685-7007 • FAX: (920) 685-7011

ACCIDENT/OPEN RECORDS REQUEST

DRIVER'S PRIVACY PROTECTION ACT (DPPA) Permissible Use Form

Required for Disclosure of Documents Containing Personal or Highly Restricted Information

The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. § 2721) prohibits the disclosure of certain "personal information" or "highly restricted personal information" which originates from a State motor vehicle record. Such information shall not knowingly be disclosed or otherwise made available without the express consent of the person to whom the information pertains or unless specifically permitted by the DPPA. Based upon the DPPA, this request must be completed before information containing personally identifiable information in the Police Report can be released without redaction.

(PRINT LEGIBLY)

☐ ACCIDENT REPORT REQUEST

☐ OPEN RECORDS REQUEST

REQUESTOR INFORMATION

Date of Request _____

Requester Phone Number _____

Requester Name & Company _____

Requester Address _____

REQUESTED INFORMATION

Type of records sought: _____

Dates of records sought: _____

Name of person(s) records pertain to: _____

Describe information sought in requested records: _____

AUTHORIZATION

The Driver's Privacy Protection Act is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing or using personal information from an accident report or other police record, or if the information was acquired through the Wisconsin Department of Transportation System and it is determined that these records are used for purposes other than as stated in this request.

I/We are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records containing personal information without redaction based upon the following (mark all applicable boxes):

☐

Authorized for use, if Requester has obtained written consent from the person about whom the information pertains.

☐ I am requesting a copy of my own record.

☐ I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record.

☐ I am requesting the record of another person and have attached their written and notarized consent.

☐

For use in connection with matters of a motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles, motor vehicle parts

and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992 and the Clean Air Act.

- ☐ A government agency (Federal, State, local or tribal), or those employed by such, for the purposes of the government agency to carry out its official functions.
- ☐ A Federal, State, Circuit, local or tribal court, or those employed by such, for the purposes of the court to carry out its official functions.
- ☐ A law enforcement agency, or those employed by such, for the purpose of the law enforcement agency to carry out its functions.
- ☐ Authorized representative, agent or contractor, or those employed by such, of a legitimate business and the vehicle/driving record requested will be used for normal course of business, but only to:
 - A. Verify accuracy of the personal information
 - B. If such information as so submitted is not correct or is no longer correct, to obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies or collecting a debt.
- ☐ Authorized for use in connection with any civil, criminal, administrative or arbitral proceedings in any federal, State, Circuit, local or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution of enforcement of judgments and orders, or pursuant to an order of a Federal, State, Circuit, local or tribal court.
- ☐ Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed or used to contact the individuals.
- ☐ Authorized representative, agent or contractor, or those employed by such, of an insurer, insurance support organization or self-insured entity, and the vehicle/driving record(s) being requested will be used only in connection with the following:
 - A. Claims investigation
 - B. Anti-fraud activities
 - C. Rating or underwriting
- ☐ Authorized for use in providing notice to the owners of towed or impounded vehicles.
- ☐ Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Driver's Privacy Protection Act.
- ☐ Authorized as an employer, or is agent or insurer for use in obtaining or verifying information relating to a holder of a Commercial Driver License (CDL).
- ☐ Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

CERTIFICATION

I/We certify that the information and statements on this request are true and correct and understand that the unauthorized disclosure of information obtained from these records for a purpose other than stated on this request form, or the sale or other distribution of the information to a person or organization not disclosed in this request, may result in civil and criminal penalties imposed under Title 18 U.S.C. Section 2724.

I/We further understand that this request is governed by the Driver's Privacy Protection Act as well as Wisconsin's Open Records Law. This means that a response to this request may include withholding/redaction of personal or highly restricted information as regulated by the DPPA and/or Wisconsin's Open Records Law.

I/We further understand that we have the right to request a mandamus review of the responses provided to this request under Wisconsin Statute Section 19.37(1).

X _____
(Requester Signature)

(Date Signed)