

# REPORT REQUEST FORM

## RECORD INFORMATION REQUEST

Incident Case No.: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

As a majority of the reports maintained by law enforcement contain information derived from the Wisconsin Department of Motor Vehicle Records, reports will have all personal information and highly restricted personal information redacted unless the requester meets the permissible use requirements specified under the Driver's Privacy Protection Act (DPPA) (18 USC § 2721). If applicable, records may also be redacted pursuant to Wisconsin Statute Chapter 19 (Public Records Law) and any other relevant state and federal laws.

### PERMISSIBLE USES UNDER THE DPPA (check one):

\_\_\_\_\_ 1.\* For use by a local, state, or federal government employee or contractor for carrying out its official functions. (Provide name of agency: \_\_\_\_\_).

\_\_\_\_\_ 2.\* For use in connection with any civil, criminal, administrative, or arbitration proceeding in a court of law or self-regulatory body or pursuant to court order. (Provide name of client and/or court case number: \_\_\_\_\_).

\_\_\_\_\_ 3.\* For use by any insurer/insurance company, or its agents, to investigate claims, and/or to parties to an accident (Provide name of insured and/or client: \_\_\_\_\_).

\_\_\_\_\_ 4. Authorized Use. Requesting own record or have signed informed consent of individual requesting record (i.e. attorney, legal guardian, parent of minor child, etc.).

\_\_\_\_\_ Own Record \_\_\_\_\_ Consent form signed by subject of report

\_\_\_\_\_ Record of my minor child(ren) (Please provide name(s) and DOB of minor child(ren): \_\_\_\_\_)

\_\_\_\_\_ Record of individual under guardianship. (Provide copy of guardianship order)

\_\_\_\_\_ 5. Other specific permissible use allowed by the DPPA. (Provide specific statutory section: \_\_\_\_\_).

\_\_\_\_\_ 6. None of the above.

In order to verify that requester has a permissible use as set forth in the DPPA, requester should submit information requested below.

(You are not required to provide your name, contact information, or proof of identification. However, if no name, contact information, or proof of identification is provided, then personal information and highly restricted personal information may be redacted from the record).

\* Unless prescribed under Wis. Stat. Ch. 19 or other federal or state statute, records released in conjunction with provisions 1-3 shall include no redactions to personal information or highly restricted personal information, pursuant to 18 U.S.C. § 2721.

**REQUESTER INFORMATION**

Firm/Business: \_\_\_\_\_

Name of Person Completing the Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**PLEASE NOTE:** It shall be unlawful for any person knowingly to obtain or disclose personal information, from a motor vehicle record, for any use not permitted. It shall be unlawful for any person to make false representation to obtain any personal information from an individual’s motor vehicle record. 18 U.S.C. § 2722(a) & (b). A person who knowingly obtains, discloses or uses personal information, from a motor vehicle record, for a purpose not permitted, shall be liable to the individual to whom the information pertains. The court may award: **(1)** actual damages, but not less than liquidated damages in the amount of \$2,500; **(2)** punitive damages upon proof of willful or reckless disregard of the law; **(3)** reasonable attorneys’ fees and other litigation costs reasonably incurred; and **(4)** such other preliminary and equitable relief as the court determines to be appropriate. 18 U.S.C. § 2724(a)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

\*\* (If request is not made in person, notarization of signature for permissible use is required.)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This document was subscribed and sworn before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Court Official

My commission/term expires: \_\_\_\_\_.

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Requester provided proof of identification.

Specify proof of identification: \_\_\_\_\_

\_\_\_\_\_ Fee (if any) paid. Amount paid: \_\_\_\_\_

\_\_\_\_\_ Record provided:  in person  by facsimile  by mail  by email

Additional information: \_\_\_\_\_