Motor Vehicle Accident Report Request

Under the Privacy Act, 5 U.S.C. subsection 552a, I request a copy of the following report:

Date of Incident: ___________________________
Involved Person(s): ___________________________
Case Number: ___________________________
Other Identifying Details: _______________________
Phone Number: ___________________________

Requests for information made under the Privacy Act pertain to a person **directly involved** in the incident (records about oneself). I am the:

- [ ] Involved Party (driver, passenger or registered owner)
  You must provide one of the following: a copy of your identification which will be verified to documentation in the report or proof of ownership at the time of accident which will also be verified.

- [ ] Involved Party’s duly verified insurance company
  You must provide one of the following on company letterhead: policy number which will be verified to documentation in the report or proof of insurance (card) to the party involved.

- [ ] Personal Representative or Attorney
  You will be contacted by the Law Enforcement Office.
  Please provide the phone number: _______________________

I understand that the Privacy Act does not mandate that report requests be processed in a given period of time; however, requests will be processed as expeditiously as possible. Please send the report to me at the following email address (preferred) or mailing address:

____________________
Signature          Printed Name          Date

Note: Requests for information pertaining to the activities of a federal agency, an organization, or someone who was not directly involved in the incident, should be made under the Freedom of Information Act (FOIA).

FOIA and/or Privacy Act guidance/regulations may be found at either the Department’s web site, www.doi.gov/foia, or the United States Department of Justice web site, www.usdoj.gov