

Chelan County Sheriff's Office 401 Washington St. #1 Wenatchee, WA 98801 Records Division (509) 667-6875

**Request for Copy of Collision/Accident Report** 

• A \$10.00 check or money order is to be made payable to the Chelan County Sheriff and is to be accompanied with each request. (Please do not send cash.)

- Mail to: CCSO, Records Division, PO Box 36, Wenatchee WA 98807-0036
- Drivers Privacy Protection Act (DPPA): CCSO Records Division will not accept a request for a collision/accident report unless the requester provides a certification under penalty of perjury that the information is sought for one of the fourteen permissible purposes under the Drivers Privacy Protection Act (DPPA), 18 § USC 2721 (b). If you select the "Refuse to Sign" box, a redacted report will be provided.
- If you have any questions, please contact CCSO Records Division at (509) 667-6875 or via e-mail at <a href="mailto:sheriff.records@co.chelan.wa.us">sheriff.records@co.chelan.wa.us</a>

Washington State Law provides for the release of collision reports only to certain persons (RCW 46.52.080 and 083). Parties not entitled to complete report will be given information as permitted by RCW 11.02.005, 11.88.010, 13.40.020, 13.50.050, 13.50.100, 42.56, 43.52.070, 46.12.380, 46.52.080, 46.52.083, 46.52.085, and 46.52.130.

## **Requestor Information**

Name of Requestor:		DOB:			
Relationship to Incident:(victim,defendant,parent etc)	Phone Number:				
Email Address:					
How would you like to receive a response?  Mail:					
Email:					
Call for pickup:	Other:				

## Collision/Accident Information (\*Specify how you were involved or Client's Name)

Incident Number:	Incident Date:			
Driver's Name	2 <sup>nd</sup> Driver's Name or Involved Party			
How were you involved in this incident? (Check one box)				
Driver Involved	Owner of Vehicle Damaged			
Parent of Minor Driver (under age 18)	Owner of Property Damaged			
Injured Passenger	Insurer of Part Involved*			
Parent of Injured Minor Passenger (List name below)	Attorney of Driver of Injured Passenger*			
Other Person Injured in Collision/Accident	Other Authorized Representative*			
(Specify how you were involved)*	(Authorization Letter Required)			
**Cli	ient's Name			



# **Drivers Privacy Protection Act**

## This page and the next must be completed or your request will not be processed.

I, \_\_\_\_\_, certify that the information sought in the requested collision

record(s) is for the identified permissible purpose under 18 §USC 2721 (b)

#### □ 18 USC § 2721 (b)(1)

For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.

## □ 18 USC § 2721 (b)(2)

For use in connection with matters of 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 research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.

#### □ 18 USC § 2721 (b)(3)

For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only - (A) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and (B) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.

#### $\square$ 18 USC § 2721 (b)(4)

For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulating body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

## □ 18 USC § 2721 (b)(5)

For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact the individuals.

## □ 18 USC § 2721 (b)(6)

For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

#### □ 18 USC § 2721 (b)(7)

For use in providing notice to the owners of towed or impounded vehicles.

## **Drivers Privacy Protection Act**



18 USC § 2721 (b)(8)
 For use by any licensed private investigative agency or licensed security service for any purpose permitted under 18 USC § 2721 (b).

## □ 18 USC § 2721 (b)(9)

For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.

## □ 18 USC § 2721 (b)(10)

For use in connection with the operation of private toll transportation facilities.

## □ 18 USC § 2721 (b)(11)

For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.

#### □ 18 USC § 2721 (b)(12)

For bulk distribution for surveys, marketing or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.

## □ 18 USC § 2721 (b)(13)

For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.

#### □ 18 USC § 2721 (b)(14)

For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

By signing, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED this day of			,, at (requester should provide		
	Day	Month	Year	-	
his or her loc	ation at the time of the	e certification)		,	
			County	State	
	Signature		Print Name		

□ Refuse to Sign