



Village of North Prairie Police Dept.

CHIEF S.A. TAMEZ
130 N. Harrison Street
North Prairie, WI 53153
Phone 262-392-2229

DPPA PERMISSIBLE USES FORM

Based upon the federal Driver's Privacy Protection Act (DPPA), this Permissible Uses Form must be completed before the North Prairie Police Department can release accident reports or other records containing personally identifiable information or certain vehicle information from a DMV source. Knowledge of what access and uses are permitted under the DPPA is the responsibility of the records requester. The federal law can be found at 18USC Sec 2721.

As an alternative, you can get a complete, unredacted copy of an accident report from the State of Wisconsin Division of Motor Vehicles. The DMV will send you an invoice for the cost of six dollars (\$6.00) per accident report and you can mail in the payment.

Contact information for the DMV:

Telephone: Accidents Records Unit at (608) 266-8753.

Mail: WisDOT, Accident Records Unit, PO Box 7919, Madison WI 53707-7919

Internet : www.dot.wisconsin.gov/drivers/drivers/traffic/accident/htm

E-mail: traffic-accidents.dmv@dot.wi.gov

SECTION I. REQUESTER INFORMATION:

Name of person requesting the record: _____

Firm/Corporation: _____

Phone Number: _____

Street Address: _____

City, State and Zip Code: _____

☐

I will pick up the accident report or other record in person when it is available.

☐

I authorize (name of person) _____ to pick up the accident report or other record on my behalf.

☐

Mail the accident report or other record to me at the above address.

SECTION II. RECORD INFORMATION SHEET

Date of Accident or Incident: _____
Location of Accident or Incident: _____
Incident Report or Incident Report Number: _____
Other: _____

SECTION III. AUTHORIZATION

The Driver's Privacy Protection Act allows for civil and criminal penalties for improperly obtaining, disclosing, or using personal information from an accident report or other record, or information that was acquired through the Wisconsin Division of Motor Vehicles (DMV) for purposes other than as stated in this form.

I am authorized under the DPPA to obtain the identified accident report or other record based upon the following permissible uses (check all applicable boxes):

- ☐ 1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions.
- ☐ 2. 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.
- ☐ 3. For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only to:
 - (a). verify the accuracy of the personal information submitted by the individual to the business; and
 - (b). to obtain correct information if the information as so submitted is not correct or is no longer correct, but only for purposes of preventing fraud, pursuing legal remedies against, or collecting a debt or security interest against the individual.

Name of Individual: _____

- ☐ 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-regulatory 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. (The North Prairie Police Department will release records under this permissible use only to an attorney or by order of a court.)
- ☐ 5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, disclosed, or used to contact individuals.
- ☐ 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, rating or underwriting.
- ☐ 7. For use in providing notice to the owners of towed or impounded vehicles.

- ☐ 8. For use by any licensed private investigative agency or licensed security service if the vehicle record or driver record is being requested for those purposes permitted under the Driver's Privacy Protection Act.
Name of Individual: _____
Identification of Vehicle: _____
- ☐ 9. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver license (COL) that is required under Chapter 313 of Title 49.
- ☐ 10. For use in connections with the operation of private toll transportation facilities.
- ☐ 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.
- ☐ 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.
- ☐ 13. For use with consent of the person to whom the personal information.
☐ (a). I am requesting a copy of my own record.
☐ (b). I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record.
Name of Minor Child _____
☐ (c). I am requesting the record of another person and have attached the written consent of the person or persons about whom the personal information pertains. (You must attach a written and notarized consent statement from each other person when submitting this form.)
Name of other person or persons giving consent: _____
- ☐ 14. For any other use specifically authorized under Wisconsin law, if such use is related to the operation of a motor vehicle or public safety. State the specific authorization under Wisconsin law: _____

Certification

I certify that the information and statements on this form are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and I understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, 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.

X _____

(Requester Signature)

(Date Signed)

(Print Requester Name)

Any public records request that is denied is subject to review by mandamus under WI Stat. 19.37 (1) or upon application to the attorney general or district attorney.

For Office Use only:

Received by:

In Person

Mail

Fax

Date for Received

How are records to be provided?

Requestor waiting.

Requestor will return for copies.

Mail copies to address listed above.

Request Reviewed:

By: _____

Approved

Denied: State reason

Payment of Cost:

Cost of \$ _____ paid when submitting form.

Cost of \$ _____ to be paid when copies are provided.

Identification of Requestor verified by photo ID

WI Driver's License

Out-of-state Driver's License

Other photo ID: _____

Name of person picking up records for requester: _____

There is no need to copy the ID.

Records provided:

Unredacted copy (no black outs)

Redacted copy (Attach a copy of this form for departmental records.)

Date: _____