

Accident Report Request Form

- Print the form located below, fill out and mail to:

**Oshkosh Police Department
Records Division
420 Jackson Street
PO Box 1130
Oshkosh, WI 54902-1130**

- **Due to DPPA Laws, only involved parties or someone representing them (ie...law firm, insurance company) will be issued a copy of the report.** Personal information of other individuals named in the report will be redacted (blacked out).
- Accident Reports must be picked up at the OPD Customer Service Desk and person picking up the report must show a photo ID or it is subject to redaction.
 - If the Accident Report must be mailed / emailed, we must first receive a notarized copy of a photo ID. This does not apply to insurance companies and law firms.



City of Oshkosh Police Department

Crash Report Request

Some reports contain personal information received by law enforcement from the Department of Motor Vehicles Records. The Federal Driver's Protection Act (DPPA), 18 U.S.C. 2721, prohibits disclosure of "personal information" and "highly personal information" received by law enforcement from Department of Motor Vehicles Records unless the request for disclosure falls within one of the statute's permissible uses. To allow us to appropriately review your request, if you believe your request falls within one of those permissible use exceptions to the DPPA, you must indicate which of those exceptions you believe apply. For your convenience, we have listed the most common exceptions below. If one of those exceptions applies to your request, please indicate that accordingly.

If you are requesting a copy of a crash report, please complete the information below and then indicate which exception applies as it relates to why you believe you are entitled to a copy of the crash report.

Person / Business Making Request: _____

Address: _____
Street City State Zip

Date of Request: _____ Tel # (Home): _____ (Work): _____

I would prefer:

_____ To pick up the report in person at the Oshkosh Police Department (cost is \$1.00)
(You will not be notified when the request is ready for pickup)
** Must present photo ID when picking up the report.*

_____ Have the requested information mailed to the above address
** Must present photo ID when making the request so the report can be mailed.*

_____ Have the information emailed. Please provide email address:
** Must present photo ID when making the request so the report can be emailed.*

_____ @ _____

Reports that are mailed or emailed that contain juvenile/medical information are subject to redaction

Reports are generally ready within 5-10 business days

****Please complete and sign reverse side****

I am making this request under section 18 U.S.C. 2721 (b)(4) for use in connection with a civil, criminal, administrative or arbitral proceeding in a Federal, State, or local court or agency or before a self-regulating body, for a permitted purpose under the DPPA such as 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.

Select the following exception that applies:

I am the registered owner / driver (please specify) of the vehicle involved and identified:
Full Name _____ DOB _____
VIN # _____ Make / Model _____
License Plate _____ Year of Vehicle _____ involved in an accident / incident occurring on (date) _____ at (location) _____ in the City of Oshkosh and am requesting the reports for the purpose of investigation in anticipation of litigation or in connection with a civil, criminal, administrative or arbitral proceeding.
OPD Report # (if known) _____

I am an attorney or employee of a law firm that has been retained by and represents (name) _____ in relation to an accident / incident occurring on (date) _____ at (location) _____ in the City of Oshkosh and am requesting the reports for the purpose of investigation in anticipation of litigation or in connection with a civil, criminal, administrative or arbitral proceeding.
OPD Report # (if known) _____

Other; please provide details as to why you believe this exception applies:

I am self-insured, the agent, employee or contractor working with an insurer or insurance support organization making this request under section 18 U.S.C. 2721 (b) (6) in connection with claims investigation activities, antifraud activities, rating or underwriting.

Our insured: _____

I am making this request under section 18 U.S.C. 2721 (b) (1) in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories. I am (the driver / vehicle owner / other, please specify

Please provide details as to why you believe this exception applies:

I am making this request under section 18 U.S.C. 2721 _____

Please provide details as to why you believe this exception applies:

Signature of person requesting report: _____