## TOWN OF BROOKFIELD POLICE DEPARTMENT 655 N JANACEK RD, BROOKFIELD WI 53045

### FEDERAL DRIVER PRIVACY PROTECTION ACT EXEMPTION FORM

Based upon the Federal Driver's Privacy Protection Act, this Form must be completed before information containing personally identifiable information in the Police Report can be released without redaction. Knowledge of what access and uses are permitted under the listed Federal Act is the responsibility of the Requester.

#### **SECTION I. REQUESTER INFORMATION:**

Name of Person Completing Form:
Firm/Corporation:
Phone Number:
Street Address:
City/State/Zip
SECTION II. RECORD INFORMATION SHEET
Date of Accident/Incident:
Location of Accident/Incident:
Party Name to the Accident/Incident:
SECTION III. AUTHORIZATION
I/We are authorized under the Federal Driver's Privacy Protection Act to obtain the identified accident/incident report and personal information based upon the following (mark all applicable boxes):
☐ 1. Authorized for use, if Requester has obtained the written consent from the person whom the information pertains.
<ul> <li>I am requesting a copy of my own record.</li> <li>I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record.</li> <li>I am requesting the record of another person and have attached their written consent.</li> </ul>
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 vehicle, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992 and the Clean Air Act.
□ 3. A government agency (federal, state, local or tribal) or employed by such, for the purpose of the government agency to carry out its functions.
☐ 4. A federal, state, circuit, local, or tribal court or employed by such, for the purpose of the court to carry out its functions.
□ 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions

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#### Section III. Authorization Continued

(Requester Signature)	(Date Signed)
X	
I (we) certify that the information and statements on this request are true of the Federal Driver's Privacy Protection Act and understand that the will information obtained from these records for a purpose other that stated distribution of the information to a person or organization not disclosed imposed under Title 18 U.S.C. Section 2724.	Ilful, unauthorized disclosure of on this request, or the sale or other
<u>CERTIFICATION</u>	
The Driver's Privacy Protection Act is enforced by the United States Depa and criminal penalties for improperly obtaining, disclosing or using persor or other police record and the information was acquired through the Trai Management Of Enforcement (TIME) System and it is determined that the than as stated in this Form.	nal information from an accident report nsaction Information For The
$\ \square$ 13. Authorized representative or owner of a private toll transportatio facility.	on facility for use in the operation of the
$\ \square$ 12. Authorized as an employer, or its agent or insurer for use in obtain holder of a commercial driver license (CDL).	ning or verifying information relating to a
□ 11. Authorized representative or owner of a licensed private investigation and the record is being requested for the use of purposes permitted under Act.	
□ 10. Authorized for use in providing notice to the owners of towed or i	impounded vehicles.
9. Authorized representative, agent, contractor, or employed by such or self-insured entity and the record being requested will only be used in claims investigation; (b) anti-fraud activities; (c) rating or underwriting.	
8. Authorized for use in research activities and producing statistical reinformation is not published, re-disclosed, or used to contact individuals.	
□ 7. Authorized for use in connection with any civil, criminal, administrated federal, state, circuit, local, or tribal court or agency, or before any self-reprocess, investigation in anticipation of litigation, and the execution or erpursuant to an order of a federal, state, circuit, local or tribal court.	egulatory body, including the service of
6. Authorized representative, agent, contractor, or employed by such verify accuracy of the personal information; (b) obtain correct informatio fraud, pursuing legal remedies or collecting a debt.	

Return form to the Town of Brookfield Police Department, 655 N Jancek Rd. Brookfield, WI 53045 for processing. Phone: (262) 796-3798, Fax: (262)796-0706