

# ARKANSAS STATE POLICE

## CRASH REPORT REQUEST PACKET

### Procedure for requesting CRASH reports

1. Read the information on page 2 of the ASP Crash Report Request Packet regarding the Driver's Privacy Protection Act (DPPA).
2. Fill out page 3, "*REQUEST FOR CRASH REPORTS*," including the certification box indicating a specific authorized exception to receive un-redacted reports, as applicable (See page 4 for exceptions).
3. Sign and date page 4 to indicate and certify your eligibility under the 14 exceptions provided by DPPA to receive an un-redacted crash report.
4. If you are eligible for an un-redacted crash report under one of the 14 DPPA exceptions, return pages 3 and 4 when completed—**with \$10 per report requested**—to the crash records staff at Troop Headquarters or to the ASP Crash Records Section.
5. **If you do not meet the eligibility for an un-redacted crash report**, you must submit your completed Crash Report Request Packet—**with \$10 per report requested**—by mail or in person to the Crash Records Section at ASP Headquarters in Little Rock for redaction at the following address:

**ATTN: ASP CRASH RECORDS SECTION  
ONE STATE POLICE PLAZA DRIVE  
LITTLE ROCK, ARKANSAS 72209**

All records will be reviewed and authorized by a supervisor or designee prior to release.

**\*\*\*\*\* PLEASE RETAIN THIS SHEET FOR FUTURE REFERENCE \*\*\*\*\***

**ACCESS TO ARKANSAS STATE POLICE CRASH REPORTS**  
**DRIVERS PRIVACY PROTECTION ACT (DPPA)**  
**NOTICE**

Following review of Arkansas Attorney General Opinion 2013-090 and the U.S. Supreme Court decision in *Maracich v. Spears*, 133 S. Ct. 2191 (2013) (holding that the federal DPPA exceptions allowing disclosure of driver information should be read narrowly), the Arkansas State Police (ASP) has determined that the DPPA restricts disclosure or re-disclosure of personal identifying information derived from a state office of motor vehicles (OMV), including an individual's name, driver's license number, social security number, home address, home telephone number, photograph, and medical or disability information, unless one of 14 DPPA exceptions apply. The DPPA exceptions are found at 18 U.S.C. § 2721(b).

The DPPA does allow release of records derived from the OMV records with the exclusion of personal information. All non-personal information contained within records can be released to a requesting third party. For example, personal information does not include factual information as to where, when or how a crash occurred, or the type of vehicle involved.

Accordingly, the ASP will not make crash reports available that include personal information restricted by DPPA unless an exception applies. If no DPPA exception applies, any member of the public may obtain a traffic crash report under Ark. Code Ann. § 27-53-209 with personal identifying information redacted. The cost is \$10.00 as provided by Ark. Code Ann. § 27-53-210. You may contact the ASP Crash Records Section at (501) 618-8130 during business hours for further information.

PLEASE PRINT

# ARKANSAS STATE POLICE

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## REQUEST FOR CRASH REPORTS

TODAY'S DATE \_\_\_\_\_

YOUR NAME \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

AGENCY OR COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

### REPORTS REQUESTED

REPORT NUMBER(S) \_\_\_\_\_

IF REPORT OR CALL NUMBER IS UNKNOWN, PLEASE COMPLETE THE FOLLOWING:

DATE OF CRASH	TIME	STREET LOCATION
_____	_____	_____
_____	_____	_____

INDIVIDUALS INVOLVED \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

COPY COST IS \$10.00 AMOUNT DUE \_\_\_\_\_

**YOU MUST REVIEW THE ATTACHED INFORMATION AND CERTIFY YOUR ELIGIBILITY TO RECEIVE THIS REPORT UNDER THE DRIVER'S PRIVACY PROTECTION ACT LAW. LIST THE NUMBER OF THE APPLICABLE EXCEPTION (#1-#14) \_\_\_\_\_ AND CERTIFY YOUR ELIGIBILITY BY YOUR SIGNATURE: \_\_\_\_\_**

### DO NOT WRITE BELOW THIS AREA

REDACTED REPORT(S)	YES	NO	AUTHORITY _____
REQUEST APPROVED	YES	NO	
JUVENILES INVOLVED	YES	NO	
REPORT STILL UNDER INVESTIGATION			
REPORT NUMBERS	_____		

30001 COPY COST IS \$10.00 AMOUNT DUE \_\_\_\_\_

SECTION III. AUTHORIZATION

I do hereby certify that I am authorized under the Federal Driver’s Privacy Protection Act to obtain the identified crash report and personal information based upon the following:

- 1. Authorized for use, if Requester has obtained the written consent from the person about whom the information pertains.
a. \_\_\_ I am requesting a copy of my own record.
b. \_\_\_ I am a parent of a minor child and I am requesting a copy of his/her record.
c. \_\_\_ I am the legal guardian of the person.
d. \_\_\_ I am requesting the record of another person and have attached their written consent. (See sample Authorization to Release Crash Report at http://asp.arkansas.gov/services-and-programs/detail/crash-records)
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 dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original 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 purposes of the government agency to carry out its official functions.
4. A Federal, State, Circuit, local or tribal court, or employed by such, for the purposes of the court to carry out its official functions.
5. An Arkansas or out-of-state law enforcement agency, or such a person employed by such, for the purposes of the law enforcement agency to carry out its official functions.
6. Authorized representative, agent, contractor, or employed by such, of a legitimate business, but only to (a) verify accuracy of the personal information; (b) obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies or collecting a debt.
7. Authorized for use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State, Circuit, local or tribal court or agency or before any self-regulatory body, including the service or process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, Circuit, local or tribal court.
8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, re-disclosed or used to contact individuals.
Date Range: \_\_\_\_\_
Kind/Nature: \_\_\_\_\_
9. Authorized representative, agent, contractor, or employed by such, of an insured, insurance support organization or self-insured entity and the record being requested will only be used in connection with the following: (a) claims investigation; (b) anti-fraud activities; (c) rating or underwriting.
Client’s Name: \_\_\_\_\_
10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for use of purposes permitted under the Federal Driver’s Privacy Protection Act.
12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a Commercial Driver’s License (CDL).
13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.
14. 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.

I certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver’s Privacy Protection Act and 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 USC, Section 2724 of the United States Code.

Date: \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_