

office use only

MISSOURI STATE HIGHWAY PATROL REQUEST FOR BOATING CRASH REPORT

<i>Type or print legibly</i>		
DATE OF REQUEST	DATE OF CRASH	
COMPLAINT / INCIDENT NUMBER (if known)		
NAME OF BOAT OPERATOR OR DROWNING VICTIM		
CRASH LOCATION - COUNTY	WATERWAY NAME	
REQUESTING PARTY		
NAME		
COMPANY / AGENCY NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
CLAIM / FILE / CASE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER (including area code)

In compliance with 18 U.S.C. 2721, also known as the Driver's Privacy Protection Act, and in order to receive an unredacted crash report copy, you must meet one of the following criteria. Requesting parties not meeting one of the criteria will receive a crash report in which personal information, as defined in 18 U.S.C. 2725 (3 & 4), has been redacted.

Check all that apply below:

- 1. I was a party involved in the crash. (You are a party involved in the crash if you are listed on the crash report and identified as a driver or operator, passenger or occupant, vehicle or vessel owner, other property owner, and / or pedestrian).
Name: _____
- 2. Government agency or representative carrying out its functions
- 3. In connection with matters of motor vehicle or driver safety and theft
- 4. In connection with motor vehicle: Emissions, product alterations, recalls, advisories, performance monitoring, parts and dealers, market research (including survey research) and / or removal of non-owner records from the original owner records of motor vehicle manufacturers
- 5. Legitimate business or its agents, employees, or contractors to:
 - verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - to obtain the correct information (if information submitted is not correct), but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- 6. For use in connection with any civil, criminal, administrative, or arbitral proceeding. This includes service of process, investigation in anticipation of litigation, and the execution of enforcement of judgments and orders, or pursuant to an order of a court.
- 7. Research activities, and for use in producing statistical reports. (Note: the personal information obtained cannot be published, redisclosed, or used to contact individuals).
- 8. Insurer, insurance support organization, self-insured entity (or its agents, employees, or contractors), in connection with claims investigation activities, antifraud activities, rating or underwriting.
- 9. Providing notice to the owners of towed or impounded vehicles.
- 10. Licensed private investigative agency or licensed security service (Note: Cannot be selected alone. Must include another purpose).
- 11. 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 of the United States Code.

(OVER - THIS IS A TWO PAGE FORM)

- 12. Use in connection with the operation of private toll transportation facilities.
- 13. A party involved in the crash has provided written consent to disseminate the crash report to me (Note: Written consent must accompany this request - In compliance with the Driver's Privacy Protection Act, the report you receive will have all personal information from non-consenting parties redacted).

OR

I do not meet one of the listed criteria and wish to receive a redacted copy of the report.

INDICATE THE NUMBER OF COPIES REQUESTED - (U.S. ISSUED CHECK OR MONEY ORDER IN U.S. DOLLARS ONLY)

_____ Boating Crash Report		\$6.00 per report
_____ Boating Crash Reconstruction Report / Photos		Contact Patrol Records Division for fees (573-526-6113)
_____ Notary Certification (affidavit) of Boating Crash Report		\$2.00 per certification
_____ (Certification fee is in addition to above fee for Boating Crash Report)		

	TOTAL
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I certify, under penalty of perjury, that the information provided on this form is true and accurate to the best of my knowledge and belief, and any misrepresentation or falsification made by me on the form may result in discontinuance of crash report copies disseminated to me or my company from the Missouri State Highway Patrol, civil penalties, criminal penalties, or a combination thereof.

I certify, under penalty of perjury, that I am obtaining the personal information contained in the report for use in one of the permitted ways set out in 18 U.S.C. 2721(b).

SIGNATURE (required) _____

For those agencies / individuals not having an established charge account, payment with the Missouri State Highway Patrol, payment must be made by CHECK or MONEY ORDER (issued in the U.S. and in U.S. dollars only) payable to: DPS Missouri State Highway Patrol. Cash payments are NOT accepted and will be returned.

MAIL TO:

Patrol Records Division
573-526-6113

Missouri State Highway Patrol
Patrol Records Division
PO Box 568
Jefferson City, MO 65102-0568