

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION		
REQUESTER FULL NAME (last, first, mi, suffix) KNICK, SUSAN E		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*
ORGANIZATIONAL AFFILIATION (if any) CHANCELLOR VOLUNTEER FIRE & RESCUE	TELEPHONE NUMBER (540) 752-0137	USE AGREEMENT NUMBER (if applicable) 9857
STREET ADDRESS 5992 PLANK RD		ACCESS CODE (if applicable) N/A
CITY FREDERICKSBURG	STATE VA	ZIP CODE 22407
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) PRE-EMPLOYMENT &/OR INSURABILITY AND RISK MANAGEMENT FOR CURRENT PERSONNEL		

SUBJECT INFORMATION		
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).		
SUBJECT FULL NAME (last, first, mi, suffix)	<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.	
STREET ADDRESS		
CITY	STATE	ZIP CODE

INFORMATION REQUESTED	
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)	
SUBJECT DRIVER LICENSE NUMBER	or SUBJECT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST (Check the applicable box) <input type="checkbox"/> Personal Use, Court, or Attorney <input checked="" type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Insurance	
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.	
SUBJECT SIGNATURE	DATE (mm/dd/yyyy)

<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)		
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

<input type="checkbox"/> POLICE CRASH REPORT		
IMPORTANT NOTE: The Department may only release a full crash report to a person involved in the crash, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. Virginia Code § 46.2-379 permits the Department to release the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer to an individual authorized by federal or state law to obtain the information. You must supply the applicable federal or state statutory authority as part of your request.		
Check one or more boxes to indicate your involvement in the crash:		
<input type="checkbox"/> I was a DRIVER	<input type="checkbox"/> I was a PASSENGER	<input type="checkbox"/> I am a VEHICLE OWNER
<input type="checkbox"/> I am the OWNER of property involved in the crash	<input type="checkbox"/> I legally REPRESENT an involved person	<input type="checkbox"/> I was injured
<input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.		
<input type="checkbox"/> I am the next of kin of a person 18 years of age or older who was injured or killed in the crash.		
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which the person has applied for issuance or renewal of a policy of automobile insurance.		
<input type="checkbox"/> I am applying in accordance with VA Code § 46.2-379, I was NOT involved in the crash AND I do not legally represent an involved person.		
The applicable federal or state statutory authority for my request is: _____		
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)
CITY/COUNTY/TOWN WHERE CRASH OCCURRED	DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	