



DE PERE POLICE DEPARTMENT INFORMATION FOR POLICE RECORD REQUESTS

The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. § 2721 *et seq.*) significantly limits the ability of the City of De Pere to release personal information obtained from the Wisconsin Department of Transportation (WisDOT).

You must fill out the attached "Federal DPPA Permissible Uses Form" identifying which permissible use your request falls under in order for any WisDOT obtained personal information to be released to you.

Even if the DPPA allows the City to release some personal information, the Wisconsin Public Records Law may require certain personal information to be removed from the report prior to its release to you. If so, the City will provide you with a written explanation.

Please complete the attached and return it to the De Pere Police Department. Your request will be reviewed as soon as practicable and without delay and a response to your request will be given in writing.

Thank you.

Jeremy Muraski
Police Chief

INSTRUCTIONS: Please complete Sections I, II, and III. Sign the request and provide additional forms/copies as necessary. Mail, hand deliver, fax, or email your request to:

Mail/Hand Delivered: De Pere Police Department
ATTN: Records Requests
325 S. Broadway Street
De Pere, WI 54115

Fax: (920) 339-4082

Email: dppdrecords@deperewi.gov (Email requests must include complete contact information.)

OFFICE USE ONLY

Received by: ☐ Fax ☐ Email ☐ In Person ☐ Mail - Date Received: _____

☐ Phone Request - Taken By Staff: _____

Comments _____

Request Approved: ☐ Yes ☐ No

Referred to: ☐ Legal ☐ Court ☐ District Attorney - Date Forwarded: _____

Released/Referred by: _____

Date Released: _____ Amount Due: _____

FEDERAL DPPA PERMISSIBLE USES FORM

Based upon the Federal Driver's Privacy Protection Act (DPPA), this Request must be completed before information containing personally identifiable information in the Police Report can be released. Knowledge of what access and uses are permitted under the DPPA is the responsibility of the Requestor.

SECTION I. REQUESTOR INFORMATION

Name of Person Completing Form: _____

Firm/Corporation: _____ Email Address: _____

Phone/Fax Number: _____

Mailing Address: _____

Requested Delivery Method: ☐ Fax ☐ Email ☐ In Person ☐ Mail

SECTION II. RECORD MANAGEMENT INFORMATION SHEET

Date of Accident/Incident: _____ Report #: _____

Location of Accident/Incident: _____

Party Name to the Accident/Incident: _____

Reports cost \$0.25 per page. Other charges/fees (if requested) apply. Estimate of fees will be provided prior to release.

☐ Include Body Camera Video ☐ Include Photos

☐ ***Include 911 Recordings (Invoiced by Brown County Communications Center)**

SECTION III. AUTHORIZATION (PLEASE SIGN AT THE BOTTOM OF PAGE 2)

The DPPA is enforced by the United States Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from an accident report or other police record, or the information was acquired through the Wisconsin Department of Transportation System and it is determined that these records are used for purposes other than as stated in this Request.

I/We are authorized under the DPPA to obtain the identified accident/incident report and personal information based upon the following (mark all applicable boxes):

- ☐ 1. Authorized for use, if Requestor has obtained the written and notarized consent from the person about whom the information pertains and has provided a copy of their driver's license with the request.
- ☐ I am requesting a copy of my own record. I have provided a copy of my driver's license with this request.
 - ☐ I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record. I have provided a copy of my driver's license and a copy of the minor child's birth certificate along with this request.
 - ☐ I am requesting the record of another person and have attached their written and notarized consent. I have provided a copy of my driver's license with this request.
 - ☐ I am requesting the record of myself or another person and understand that information will be redacted from the records without the above authorization and identification verification.
- ☐ 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 parts and 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 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. 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.
- ☐ 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
- Verify accuracy of the personal information;
 - Obtain correct information, but only for the purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- ☐ 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceedings in any Federal, State, Circuit, local, or tribal court or agency, or before any self-regulatory body, including 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, Circuit, local or tribal court.
Client Name: _____
- ☐ The **required** Client Authorization or Retainer Acknowledgement is attached.
- ☐ 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 insurer, insurance support organization or self-insured entity and the vehicle/driving record being requested will be used only in connection with the following:
- Claims investigation;
 - Anti-fraud activities;
 - Rating or underwriting.
- Client 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 the 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 license (CDL).
- ☐ 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

NOTE: Unless your authorized use is one requiring mandatory disclosure, the personally identifiable information you are requesting may not be subject to disclosure under the Wisconsin Public Records Law (Wis. Stats. §19.36 *et seq.*). You will receive a written explanation of any denial of information. Further, the De Pere Police Department is prohibited from releasing driving records; requestors should contact the Wisconsin Department of Transportation directly.

Certification

I/We 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 U.S.C. Section 2724.

X _____
Requestor Signature

Date Signed

RELEASE OF PERSONAL INFORMATION
UNDER THE FEDERAL DRIVER'S
PRIVACY PROTECTION ACT
18 U.S.C. 2721(b)(13)

I hereby consent to the release of my personal information to:

NAME: _____

ADDRESS: _____

REPORT NO. _____ DATE: _____

I fully understand that this consent authorizes the _____ Police Department and its employees to fully release all of my personal information and highly restricted personal information under the Driver's Privacy Protection Act to the above-named person or entity.

I also understand that this consent only applies to the release of my own personal information and highly restricted personal information, and does not apply to any other person's personal information and highly restricted personal information contained in the released report.

This consent expires on: _____

SIGNATURE: _____

STATE OF WISCONSIN)
) SS.
 _____ COUNTY)

This signature was acknowledged before me
on _____

Notary Public: _____
My Commission Expires: _____

NOTARY SEAL HERE