



Mail Drop 535M
 Insurance Unit
 Motor Vehicle Division
 PO Box 2100
 Phoenix AZ 85001-2100

INSURANCE INFORMATION REQUEST Accident Case

40-5901 R07/20 azdot.gov

If you or your vehicle were involved in an accident that involved a vehicle registered in Arizona, use this form to request information for another vehicle involved. For other record requests, use the Motor Vehicle Record Request (form # 46-4416, available online).

- Must be signed and notarized on the back
- Must check at least one permissible use on the back
- Must include check or money order for \$3.00, payable to the Motor Vehicle Division
- Must include an **accident report** from the law enforcement agency that recorded the accident (including hit-and-run cases). The report must identify the injured parties and the damaged vehicles.

The manner in which the Motor Vehicle Division (MVD) may release information from its driver license or motor vehicle records is regulated by the Federal Driver's Privacy Protection Act (or DPPA), 18 U.S.C. 2721-2725 and Title 28, Chapter 2, Article 5 of the Arizona Revised Statutes. It is the responsibility of the individual or entity making a request to gain knowledge of all federal and state laws which govern access to and use of MVD records, and to determine eligibility under these laws.

Anyone who knowingly obtains, discloses, or uses personal information from an MVD record for a use not permitted under these statutes, and anyone requesting the disclosure of personal information who misrepresents their identity or makes a false statement in connection thereto with the intent to obtain such information in a manner not authorized by law, is subject to civil and/or criminal penalties.

Requester Information — proof of identification required

Requester Name (first, middle, last, suffix)	Driver License Number or Other ID	Daytime Phone Number ()	
Mailing Address	City	State	Zip
Representing (name of business or other organization)			

Criteria – At a minimum, one *Primary Criteria* is required. If the criteria you provide below results in no record or multiple records, then additional criteria will be needed to locate the specific record requested. Providing additional criteria with your initial request may avoid delays in processing, or having to pay for "no record found".

Vehicle Record – Primary Criteria

Vehicle Identification Number	Arizona License Plate Number <input type="checkbox"/> No plate has been issued
Owner Full Name (first, middle, last, suffix)	Accident Date

Vehicle Record – Secondary Criteria

Owner Residence Address	City	State	Zip
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MVD Use	Record Located <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid	Check Number	Customer ID	Date Paid	MVD Agent
Comments						

Permissible Uses – I understand that the DPPA, as adopted in Arizona law, requires me to have a permissible use for requesting and receiving an MVD record that contains personal identifying information (e.g., a person’s driver license number, name, address and medical/disability information). Based on the specific uses checked below, I hereby certify that I am entitled to obtain the requested record under the authority of ARS Title 28, Chapter 2, Article 5.

- For use by any government agency, including any court or law enforcement agency, in carrying out its functions or any private person or entity acting on behalf of a government agency in carrying out its functions. (Permissible Use #1)
- For use by an attorney licensed to practice law or by a licensed private investigator in connection with any civil, criminal, administrative or arbitration proceeding in any court or government 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 a court order.

Professional License Number	Court Name and Case Number (if available)
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(Permissible Use #4)

- For use by any insurer that writes automobile liability or motor vehicle liability policies and that is under the jurisdiction of the Department of Insurance and Financial Institutions or insurance support organization or by a self-insured entity or its agents, employees or contractors in connection with claims investigation activities and antifraud activities, rating or underwriting. (Permissible Use #6)
- Permissible Use #14** – For any other use that is specifically authorized by law and that is related to the operation of a motor vehicle or public safety, including use by a person who is involved in an accident or the owner of a vehicle involved in an accident if the person who requests the information submits proof to us of involvement in the accident. An **accident report** copy from the law enforcement agency that recorded the accident (including hit-and-run cases) must be submitted. The report must identify the injured parties and the damaged vehicles.

Certification – I hereby certify that any records or information obtained pursuant to this request will be used solely for the uses indicated on this form, and for no other use. I understand that I am prohibited from selling or disclosing the personal information set forth in these records, except in accordance with applicable law. I further acknowledge that MVD, by giving me access to the requested record information, is relying on the truth of the representations contained on this form, and I am intending that MVD so rely. I therefore agree to defend, hold harmless and indemnify MVD and any of its officers, employees, agents or contractors, from all actions brought or damages alleged by reason of the negligent, improper or unauthorized use or dissemination of the information provided to me by MVD.

Requester Signature

Acknowledged before me this date.	Notary or MVD Agent Signature		
Date	County	State	Commission Expires