

INFORMATION REQUESTED (continued)

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)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
<input type="checkbox"/> DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):		<input type="checkbox"/> Executor <input type="checkbox"/> Administrator
<input type="checkbox"/> OTHER INFORMATION (Be specific)			

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement or representation on this form is a criminal violation.

REQUESTER SIGNATURE Twinkle Oliver, Director, OHR/Signature on File	DATE (mm/dd/yyyy) 10/19/2023
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CUSTOMER RECORDS FEES

Driving Record	\$9.00	Supporting Documents (per page)	\$3.00
Vehicle Record	\$9.00	Motor Carrier Overweight Citation Record	\$8.00
Police Crash Report	\$8.00	Travel Emergency Photo Verification	\$9.00
Decedent Photo	\$9.00	Record Certification Fee (additional)	\$5.00
Driver/Vehicle Application	\$9.00		

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check** or **money order** via mail.

<input type="checkbox"/> CHECK Made payable to DMV	ENTER CHECK AMOUNT	<input type="checkbox"/> MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT
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DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification	
<input type="checkbox"/> Valid Driver's License Number _____	<input type="checkbox"/> Other Photo Identification _____
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	Remarks/CSR Stamp Fee Charged \$