



# *Belleville Police Department*

**WILLIAM EICHELKRAUT  
CHIEF OF POLICE**

TO: Persons Requesting Police Records  
FROM: Chief William Eichelkraut  
RE: **Federal Driver Privacy Protection Act (DPPA) and  
Wisconsin's Public Records Law**

As a result of a 7th Federal Circuit Court of Appeals decision, *Senne v. Village of Palatine, IL*, 695 F.3d 597 (2012), and a 4th Federal Circuit Court of Appeals decision, *Maracich v. Spears*, 675 F.3d 281 (2012), many law enforcement agencies have had to significantly alter their procedures for complying with the Wisconsin Public Records Law. Both of these cases interpreting the Federal Driver Privacy Protection Act are currently awaiting action before the U.S. Supreme Court. Article VI, Section 2 of the U.S. Constitution and Wis. Stats. 19.36(1) and 19.35(1)(a) recognize that the Federal DPPA supersedes State law in determining what records or parts of records can be released to the public.

In order to comply with these decisions interpreting the Federal Driver Privacy Protection Act, we must remove from our reports "personal information that identifies an individual" before copies of such reports may be provided to the public, unless the persons named therein provide written consent. The personal identifying information includes the following data elements:

1. Name
2. Date of Birth
3. Address (except 5-digit zip codes)
4. Phone numbers (cell and line line)
5. Photographs
6. Social Security Number
7. Medical or disability information
8. Driver's license and DOT ID card numbers and physical descriptors
9. Vehicle registration plate numbers and related information
10. Vehicle Identification Number (VIN)

We wish you to be aware that your copy of a requested police record (Department of Transportation accident report or Belleville Police Department case report) may contain significant deletions. All personal identifying information will be redacted (blacked out) in order to comply with the Federal Law and avoid both civil and criminal penalties, which apply to any person who disseminates legally protected personal data items without permissible use as stated in the Federal Law.

The permissible uses for personal identifying information are included on the attached Request for Unredacted Report form. If you qualify to receive personal identifying information, you may complete the form certifying your authorization for receiving an entire unredacted copy of the requested document. Falsifying this form may result in Federal and/or State civil and/or criminal penalties.

If you are purchasing an accident or incident report that pertains to you personally, you will receive a copy of the report with all of your personal identifying information contained therein, but all other personal information pertaining to other individuals/drivers will be redacted (blacked out). This means that you must properly identify yourself when requesting a record so that we can locate the record pertaining solely to you. You can receive an entire, unredacted copy only if you properly execute the Request for Unredacted Report form attesting to your eligibility for one or more of the permissible uses listed therein, or you provide a written and notarized release signed by each person in the report.

Information regarding crash reports:

Insurance companies and licensed attorneys may have permissible use under the Federal Law and can obtain complete traffic crash reports. Therefore, motorists may wish to contact their insurance agency or lawyer and have them request an unredacted report on the driver's/passenger's behalf.

Unredacted traffic accident/crash reports can also be obtained from the Wisconsin Department of Transportation (DOT) by calling (608)266-8753 or sending an e-mail to [dotdmvtrafficaccidents@dot.wi.gov](mailto:dotdmvtrafficaccidents@dot.wi.gov). All requests to the DOT require payment by check or money order in the amount of \$6.00, payable to Registration Fee Trust.

Instructions for requesting Belleville Police Department accident or incident reports:

1. Call (608) 424-3129, or
  2. Fax your request to (608) 424-6235, or
  3. Come in person to the Police Department, located at 31 East Main Street in Belleville, Wisconsin, or
  4. Mail a written request to the Belleville Police Department, P.O. Box 79, Belleville, WI 53508
- Please provide as much of the following information as possible with your request: date of incident, location of incident, nature of the call, name of at least one of the parties involved, incident number (e.g., 2013-xxxx).
  - If you are requesting a complete, unredacted report, you must complete the Request for Unredacted Report form certifying to your eligibility to receive personal identifying information.
  - The fee is \$2.00 for the first four pages, 25 cents for each additional page, 50 cents per page for photos, and \$10 each for DVDs.

We seek your patience in responding to your request(s). To comply with the Federal Law, we must examine each page of each report and redact all personal data elements, which is a laborious and time-consuming process.

This memo is for information purposes only and should not be construed as a denial of any particular record request or as providing legal advice. Further, any request which later is denied is subject to review upon application to the Attorney General or a district attorney.

-For Departmental Use Only-
Date of Request _____
Report # _____

**REQUEST FOR UNREDACTED REPORT  
FEDERAL DRIVER PRIVACY PROTECTION ACT  
PERMISSIBLE USES**

The requesting party is requesting an unredacted report containing personally identifying information that is not releasable under the Federal Driver Privacy Act except for permissible uses. Knowledge of what access and uses are permitted under the Federal Act is the responsibility of the party requesting the report.

**SECTION I. REQUESTING PARTY INFORMATION**

Name of Person Completing Form: \_\_\_\_\_

Firm/Corporation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION II. REQUESTED RECORD INFORMATION**

Date of Accident/Incident: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

Party Name on the Accident/Incident: \_\_\_\_\_

**SECTION III. CERTIFICATION OF PERMISSIBLE USE**

The Federal Driver Privacy Protection Act is enforced by the United State Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from an accident report or incident report or information acquired through the Wisconsin Department of Transportation System when it is determined that these records are used for purposes other than as stated in this Request.

I/We are authorized under the Federal Driver Privacy Protection Act to obtain the identified accident/incident report and personal information based upon the following: (Mark all applicable boxes.)

- 1. Authorized if requester has obtained the written and notarized consent from the person about whom the information pertains.
  - I am requesting a copy of my own record.
  - I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record.
  - I am requesting the record of another person and have attached his or her written and notarized consent.
  
- 2. Authorized for use in connection with matters of a motor vehicle or driver safety, 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 purpose 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 person employed by such, for the purposes of the government agency to carry out its official functions.
- 4. A Federal, State, Circuit, local, or tribal court, or person 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 person employed by such, for the purpose of the law enforcement agency to carry out its functions.
- 6. Authorized representative, agent, contractor, or person 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:
  - a. Verify accuracy of the personal information
  - b. Obtain correct information, but only for 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's Name: \_\_\_\_\_
- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.  
Date Range:\_\_\_\_\_ Kind/Nature: \_\_\_\_\_
- 9. Authorized representative, agent, contractor, or person employed by such, of an insurer, insurance support organization or self-insured entity, and the vehicle/driving record(s) being requested will be used only in connection with the following:
  - a. Claims investigations
  - b. Anti-fraud activities
  - c. Rating or underwritingClient's 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 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.

**Certification:**

I (we) certify that the information and statements on this request are true and correct and comply with the provisions of the Federal Driver 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.

\_\_\_\_\_  
**Signature of Requesting Party**

\_\_\_\_\_  
**Date Signed**