



INSTRUCTIONS FOR REQUESTING A COPY OF AN ACCIDENT REPORT

www.nysdmv.com



Drivers and police are required to report any accident that results in death or personal injury; drivers are also required to report accidents involving damage of more than \$1,000 to any one person's property. All accident reports are kept for 4 years from the accident date, unless the Commissioner is notified to keep a report longer. Copies of accident reports are not available until 6 months after the accident date; accident reports from the New York State Police may be available sooner. The search fee is not refundable, and will be charged whether or not we are able to find the accident report(s) you request.

Read the instructions in Steps 1 - 4 below before completing your "Request for Copy of an Accident Report" on Page 3. If the accident involved a death, check the Fatal Accident box at the top of Page 3.

REDACTED REPORTS: If you do not qualify for a copy of an accident report based on the statements on Page 2, only accident records without identifying information may be provided. These records will only include the name, address and date of birth of individuals, if the requester has provided such information.

Step 1 - List of Permissible Uses Under the Driver's Privacy Protection Act (DPPA) - You must have a permissible use to request DMV records that contain personal information (for example, name, address or driver license ID No.).

- Read the list of permissible uses on Page 2.
- In the box provided in Step 1 on Page 3, write the number (1-12) of all uses on page 2 that apply to you.
- Read and sign the Driver's Privacy Protection Act certification statement.*
- Print the requester's name and address on Page 3.
- Attach a photocopy of the requester's driver license or state-issued non-driver ID card.*

**Not required if you have an MOU and enter your DMV account number in the Payment Method section in Step 4 on Page 3.*

Step 2 - Reason for Requesting a Report of a Non-Reportable Accident - If the accident report **did not** involve death or personal injury, and/or **did not** involve property damage in excess of \$1,000 to the property of any one individual, it is considered to be "non-reportable" because there is no legal requirement that an accident report be submitted to DMV in these cases. If a "non-reportable" accident was filed with DMV, you may qualify for a copy of the report if you meet certain requirements.

- Read the statements in Step 2 on Page 2, to determine if you are entitled to receive a copy of a non-reportable accident report.
- In the box provided in Step 2 on Page 3, write the letter (A-D) of the reason that applies to you.

Step 3 - Accident Information

- Write the date of the accident in the space provided in Step 3 on Page 3.
- Enter the name of the county where the accident occurred.
- If the accident occurred in Manhattan, Bronx, Brooklyn, Staten Island or Queens, include the NYC Police Department Precinct Number and Report Number, if available.
- Check the appropriate box on Page 3 to tell us what you are requesting (a police report, motorist report of Driver 1 or 2, all available accident reports, or a redacted report). Note: The required fee is based on the number of reports requested (see Step 4).
- Enter the license **plate number** for at least one vehicle involved in the accident.
- Write the driver license ID number (or number from the non-driver ID card), name, address and date of birth for each driver. If more than 2 drivers, attach an additional MV-198C.
- Please complete a separate MV-198C for each accident.

Step 4 - Payment Method/Receipt

- Include the correct payment unless you are a DMV account holder or are exempt from paying a fee.
For each request, there is a \$6 search fee and a separate \$15 fee per report. For example:
a copy of 1 report = \$21 (\$6 search fee + \$15 report fee)
a copy of 2 reports = \$36 (\$6 search fee + \$30 report fees)
- Include a check or money order payable to the Commissioner of Motor Vehicles.
- DMV account holders must provide a valid account number. *(If you regularly request copies of accident reports, you may want to open a DMV account. For information about **opening a DMV account**, visit DMV's web site at **www.nysdmv.com**, or call **518-474-4293**.)*
- Provide a name and address where the accident report should be mailed.

Tear off these instructions. Mail Page 3 and your payment to: **NYS Department of Motor Vehicles, MV-198C Processing, PO Box 2086, Albany NY 12228-0086.**

Step 1 - List of Permissible Uses for Personal Information Under the Federal Driver's Privacy Protection Act (DPPA)

The DPPA regulates access to records. You must select one or more permissible uses below that describes your use for the records you are requesting. **Write the number of each permissible use you select in the box provided in Step 1 on Page 3.**

1. Use in the normal course of business by a legitimate business or its agents, employees, or contractors ONLY: • to verify the accuracy of personal information submitted by the individual to the business; • if such submitted information is not correct or is no longer correct, to obtain the correct information, BUT ONLY *for the purposes of preventing fraud by pursuing legal remedies or recovering on a debt or security interest against the individual.*
2. Use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency, or before any self-regulating body, including: • the service of process; investigation in anticipation of litigation; • the execution or enforcement of judgments and orders; or • pursuant to an order of a federal, state or local court in carrying out its functions.
3. Use by any government agency, including any court or law enforcement agency, in carrying out its functions, or by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
4. Use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees or contractors in connection with: • claims investigation activities; • anti-fraud activities; • rating; or • underwriting.
5. Use by a licensed private investigative agency or licensed security service for any purpose permitted under the DPPA. **At least** one other use on this page must be selected.
6. Use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act of 1986.
7. Use by any requester if the requester provides written consent from the individual to whom the information pertains.
8. Use in the following matters, **as long as** the personal information is **not published, redisclosed or used to contact individuals**: • research activities; and • producing statistical reports.
9. Use in connection with matters of: • 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.
10. Use to carry out the purposes of titles I and IV of the Anti-Car Theft Act of 1992, the Automobile Information Disclosure Act, the Clean Air Act and chapters 301, 305 and 321 - 331 of Title 49, in connection with matters of: • motor vehicle or driver safety and theft; • motor vehicle emissions; • motor vehicle product alterations, recalls, or advisories; • performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; and • removal of non-owner records from the original owner records of motor vehicle manufacturers.
11. Use in connection with the operation of private toll transportation facilities.
12. Use specifically authorized under New York State law if such use is related to the operation of a motor vehicle or public safety. Cite the law and relevant section in Step 1 on Page 3.

Step 2 - Reasons for Requesting a Report of a Non-Reportable Accident

Select one of the following reasons that explains why you are entitled to receive a copy of this accident report. **In the box provided in Step 2 on Page 3, write the letter of the reason below that applies to you.**

- A. I am named in this accident report, or I am the authorized representative of someone named in this report.
- B. I am, or may be, a party to a civil action arising out of the conduct described in this accident report.
- C. I am the authorized representative of a person who is, or who may be, a party to a civil action arising out of the conduct described in this accident report.
- D. I am a representative of New York State or of a political subdivision of New York State, and will use this accident report **ONLY** for statistics or research relating to highway safety.



REQUEST FOR COPY OF AN ACCIDENT REPORT

NOTE: Do not send us a photocopy of this page. We can only accept the original page. Fatal Accident



Steps 1 & 2 - List of Permissible Uses Under the Driver's Privacy Protection Act (DPPA) and Reason for Requesting a Report of a Non-Reportable Accident

Step 1: Please refer to the list of permissible uses (DPPA) on Page 2. Write the corresponding number (1-12) for each permissible use selected, in the box at the end of this line.
If you checked permissible use #12, enter the law cited _____

Step 2: Write the corresponding letter (A-D) for each reason selected in Step 2 on Page 2, in the box at the end of this line.

You must print your name and address below. Unless you are an account holder, you must sign the following certification statement and attach a photocopy of the requester's driver license or state-issued non-driver ID card.

I certify that any reason or use for requesting a copy of an accident report is true and accurate and that I shall use or redisclose the information provided by DMV only for the permissible uses, as noted in the box above. I also certify that I will comply fully with the Driver's Privacy Protection Act (18 USC Sec. 2721, et seq). I agree to defend, hold harmless and indemnify DMV from all actions brought against DMV, or damages alleged against DMV, for my negligent, improper or unauthorized use or dissemination of the information provided by DMV.

Print Requester's Name and Address

Requester's Signature (required)

Date of Signature

To knowingly make a false statement or conceal a material fact in this written statement is a criminal offense, punishable under Penal Law Section 210.45. In addition, anyone who makes false representation to obtain any personal information from an individual's Motor Vehicles record is subject to federal criminal fines under the Driver's Privacy Protection Act (DPPA).

Step 3 - Accident Information

Check the appropriate box to let us know which reports you want. For police reports, check the box of the police agency that filed the accident report, and provide any additional information requested.

Accident Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

- NYC Police Department → Precinct No. _____ Report No. _____
- NY State Police Other Police Agency _____
- Motorist Report for Driver 1 Motorist Report for Driver 2 All available reports for this accident
- Redacted report

Accident Location (County): _____

Plate No.(Required)	Driver License ID No. or No. from Non-Driver ID Card	Plate No.(Required)	Driver License ID No. or No. from Non-Driver ID Card
DRIVER 1 NAME	Date of Birth	DRIVER 2 NAME	Date of Birth
Address	Apt. No.	Address	Apt. No.
City State Zip Code		City State Zip Code	

MV-198C (6/03)

PAYMENT METHOD/RECEIPT

Step 4 - Payment Method (Do Not Send Cash)

DMV account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Check/Money Order - Payable to Commissioner of Motor Vehicles
- Exempt

Optional -Your file number/driver(s) names

Print name and address where the accident report should be mailed.

DMV USE ONLY	
Search Fee \$ 6.00
No. of Reports	_____ x \$15. . \$ _____
Total \$ _____
Refund \$ _____