



Crash Data Account Request Form for Business Partners

Instructions

Complete this form to request access to the RMV's Crash Portal and/or to request Crash Reports via Mass.Gov/myRMV. The Crash Portal is the application used to search and request copies of Police Crash Reports. The permitted use selected below will determine if you may receive a redacted or unredacted crash report. Upload completed document to the RMV's Community Portal.

All Business Partners that receive protected information under the Federal Driver Privacy Protection Act ([18 U.S.C. § 2721](#)) ("DPPA"), must also sign an Agreement for Access to Records and Data Maintained by the RMV aka 'Access Agreement'. The Business Partner Contact (an authorized representative from the business) must complete all sections.

A. Requestor Type - Select one of the options below

- ☐ Business is MassDOT Highway Division.
- ☐ Business is an agent/contractor/vendor for an authorized DPPA permitted user.
- ☐ Business is a DPPA permitted user.
- ☐ Business is a Bulk Crash file purchaser.

B. Business Entity Details

Requesting: (check one) ☐ New Account ☐ Amend Business Information

Legal Business Name FEIN

Physical Address

Street City State Zip Code

Mailing Address

Street City State Zip Code

C. Business Contact Information

Business Contact Name Title

Phone # Email address

D. Access Type

Access Type: (Check One)	Access Descriptions
<input type="checkbox"/> No Personal Identifiable Information (PII)	The report will have all vehicle data. No driver or medical data will be displayed.
<input type="checkbox"/> Personal Identifiable Information (PII)	The report will have all vehicle and driver data. No medical data will be displayed.
<input type="checkbox"/> PII with Medical (Highly Restricted PII)	The report will have all vehicle and driver data including medical data.

The request for Access Types must include a detailed explanation of why that type of access is needed. If Personal Identifiable Information (PII) is needed, explain in detail the work that you do and why you cannot fulfil your duties or contract without it. Please include why you are unable to obtain this data from an alternative source other than from the Registry of Motor Vehicles. Medical Data is highly restricted personal information and access to this data may be denied. Add explanation in space below.

E. DPPA Permitted Use

The Requestor **MUST** initial the applicable DPPA permitted use category below.

- _____ (1) The Requestor is an insurance company, or an authorized agent or service carrier, and the records will be used to the extent authorized in the Safe Driver Insurance Plan (SDIP) and for the purposes of complying with the requirements of **M.G.L. Chapter 90, §§ 1A, 34A, 34B, and 34H** pertaining to motor vehicle liability policies.
- _____ (2) The Requestor is an insurer or insurance support organization, a self-insured entity, or an agent, employee or contractor of such and the records will be used in connection with claims investigation activities, anti-fraud activities, rating or underwriting.
- _____ (3) The Requestor is a federal, state, or local government agency, or a private person or entity acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency.

Name of Agency*: _____ Phone: _____

Contact Person: _____ Email: _____

**If you are acting on behalf of multiple agencies/companies, please attach a list to this form with the above information.*

- _____ (4) For use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or before a government agency or self-regulatory body or to effectuate service of process or for use in an investigation in anticipation of litigation, or the execution or enforcement of judgements, or orders pursuant to a court order. The Requestor must be an attorney or law firm, constable, or licensed private detective, and the professional's occupational license number must be provided.

Board of Bar Overseers or License #: _____

- _____ (5) The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors, **BUT ONLY** (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors, and (ii) if such information as so submitted 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 against, or recovering on a debt or security interest against, the individual. *Appropriate documents identifying the Requestor are required. A photocopy of the ID will be made to file with the request.*
- _____ (6) The Requestor is an employer, or its agent or insurer and the records will be used 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 (49 U.S.C. App. 2710 et seq.) or M.G.L. Chapter 90F**.
- _____ (7) The records will be made available to law enforcement agencies and towing companies to be used in providing notice to the owners (including lienholders) of towed or impounded vehicles.
- _____ (8) The Requestor is a licensed private detective business or licensed watch, guard or patrol agency (which may include a security service) licensed under the provisions of **M.G.L. c. 147, §25**, or under the laws of another state, and the records will be used **only for one of the permitted uses contained in items 1-12**. (The Requestor **must** indicate the permitted use(s) **(by also initialing that category)** and produce a valid and unexpired professional license assigned by the Colonel of the Massachusetts State Police or by the licensing official of the state where licensed.) License # must be provided: _____
- NA (9) The Requestor has obtained the notarized, express written consent of the individual to whom the information relates to obtain such information. *(Original notarized **Voluntary Consent** from the individual to whom the information relates must accompany the completed Request.)*
- _____ (10) The records will be used in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle parts or dealers, motor vehicles market research activities or survey research, or removal of non-owner records from the original owner records of a motor vehicle manufacturer. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*
- _____ (11) The records will be used in research activities and for use in producing statistical reports, provided that any personal information shall not be published, re-disclosed, or used to contact the individual. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*

_____ (12) For any other use specifically authorized under state law if such use is related to the operation of a motor vehicle or public safety. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*

Penalty: 18 USC § 2723 provides that anyone who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under 18 U.S.C. §2721, shall be liable to the individual to whom the personal information pertains, including an award of the greater of actual damages or liquidated damages of two thousand five hundred dollars for each violation, punitive damages upon proof of willful or reckless disregard of the law, reasonable attorney's fees and other litigation costs, and such other equitable relief as the court may order. Anyone requesting the disclosure of personal information who misrepresents his identity or makes a false statement in connection with any request for personal information with the intent to obtain personal information in a manner not authorized by law shall be subject to criminal prosecution, which may include a fine of not more than five thousand dollars or imprisonment in a jail or house of correction for not more than one year, or both.

D. Business Contact Certification and Signature

I, _____ (print name), have initialed the category for which the business listed will use the Crash Portal information for.

Signed and sworn to under the pains and penalties of perjury.

Signature: _____ Date: _____