



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 3 months after the accident date; accident reports from the New York State Police may be available sooner. The \$10 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 may include the name, address and date of birth of individuals, only 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 (1-17) 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, non-driver ID card issued by a state motor vehicle authority, or 6 points of identification (see form ID-44 for acceptable proof of identity)*.

**Not required if you have a search account in good standing 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 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.
- Enter the name of the county where the accident occurred.
- 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).
- Please complete a separate MV-198C for each accident date.

Step 4 - Payment Method

- Include the correct payment unless you are a DMV account holder or are exempt from paying a fee. For each request, there is a \$10 search fee and a separate \$15 fee per report. For example:
 - a copy of 1 report = \$25 (\$10 search fee + \$15 report fee)
 - a copy of 2 reports = \$40 (\$10 search fee + \$30 report fees (\$15 for each report))
- 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**)
- 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 any civil, criminal, administrative, or arbitral proceeding in any court or agency, 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.
2. Use by an insurer or insurance support organization or self-insured entity in claims investigations, anti-fraud activities, rating or underwriting activities.
3. Use by an employer, its agent or insurer to obtain information relating to the holder of a commercial driver's license required under Chapter 313 of Title 49 of the U.S.C.
4. Use in preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against an individual in order to verify or correct the accuracy of personal information submitted by the individual to a legitimate business or its agents, employees, or contractors.
5. Use by any government agency in carrying out its functions.
6. Use by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
7. Use in matters of motor vehicle or driver safety.
8. Use in matters of motor vehicle theft.
9. Use in matters of motor vehicle emissions.
10. Use in matters of motor vehicle product alterations, recalls or advisories.
11. Use in performance monitoring of motor vehicles, motor vehicle parts and dealers.
12. Use in motor vehicle market research activities, including survey research.
13. Use in removal of non-owner records from the original owner records of motor vehicle manufacturers.
14. Use in the operation of private toll transportation facilities.
15. Use by any requester who has obtained the written consent of the motorist.
16. Use required under other NYS law.
17. Use in research activities and in producing statistical reports, **as long as the personal information is not published, disclosed or used to contact individuals.**

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.



New York State Department of Motor Vehicles

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

* MV198C01 *

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 (1-17) for each permissible use selected, in the box at the end of this line.
If you checked **permissible use #16**, enter the law cited _____

Step 2: Write the corresponding letter (A-D) for each Reason for Requesting a Report of a Non-Reportable Accident 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, non-driver ID card issued by a state motor vehicle authority, or 6 points of identification (see form ID-44 for acceptable proof of identity).

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

Accident Date:

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

Accident Location (County):

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.

- 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

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	City	State
	Zip Code		Zip Code

MV-198C (10/05)

Step 4 - Payment Method (Do Not Send Cash)

DMV account number

- 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	\$ 10.00
No. of Reports _____ x \$15. .	\$ _____
Total	\$ _____
Refund	\$ _____