



# MVR and Collision Reports

Business Support Services – Records Management

3-19-2025



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## Revision History

<b>Effective Date of SOP:</b> 3/19/2025	<b>SOP Number:</b> SOP J.03
<b>Functional Area Name:</b> Business Support Services	<b>Division Name:</b> Records Management
<b>Last Review Date:</b> 3/14/2025	<b>Last Reviewer:</b> Kimberley Owen, Business Support Services Manager
<b>Next Review Date:</b> 3/14/2026	<b>Next Reviewer:</b> Business Support Services Manager
<b>Executive Approval Date:</b> 3/19/2025	<b>Approved By:</b> Kimberley Owen, Business Support Services Manager

## Overview

Service Oklahoma (SOK) frequently receives requests for motor vehicle reports (MVRs) and collision reports from individuals and other organizations. These Standard Operating Procedures (SOPs) describe how to process these requests.

## Purpose

This SOP provides step-by-step instructions on how to access and print MVR and collision reports.

## Policy Statement

These procedures apply only to individuals and organizations (with consent/permission) requesting MVR or collision reports in the State of Oklahoma.

## Compliance

[47 O.S. § 6-117 \(OSCN 2025\)](#) – Records to be Kept by the Department - Department of Public Safety Revolving Fund  
[47 O.S. § 1109 \(OSCN 2025\)](#) – Confidential Nature of Information Contained in Certificates of Title, Applications, or Registration - Fees – Penalty  
[18 USC 2721](#) - Prohibition on release and use of certain personal information from State motor vehicle records

## Systems

D360 – System of record used for accessing MVR and collision reports.  
OCERS – System used for accessing (most) collision reports.  
OnBase – System used for accessing collision reports that were not uploaded into OCERS.  
PayPort – System used for processing payments for report requests.  
Adobe Acrobat – Software used to redact information and certify reports.

## Roles

*List the roles and functions of anyone involved in the operations described within this document.*

Role	Responsibilities
Records Team	Processes the MVR and collision report requests.



## Procedures

### MVR Reports

Service Oklahoma frequently receives requests for motor vehicle reports (MVR) or driving records from individuals or organizations. These reports are processed through D360. Requesters may also opt to have the MVR report certified at an additional cost of \$3 per record.

By law, individuals are only authorized to obtain their own MVR or collision report. Service Oklahoma must verify that the person requesting the MVR report is the driver in the request and that they are authorized to receive the report.

If the requester is not the driver, Reason for Request must be provided. Unless the requester can be classified as government, employer, legal, insurance, or private investigator, the requester must also supply Driver Written Consent, signed and dated by the driver in the request.

If the driver has not signed the request and the requester does not belong to one of the excepted categories, the payment and envelope contents for the MVR report request must be returned to the requester with instructions to resubmit with the Driver's Written consent.

### Steps

1. **Open D360.** Use Quick Search to locate the customer's file, either by entering their last name and their full license ID number or their date of birth.

2. On the top menu, click "Process Driving Record Request".



3. Select the option that best describes the requestor of the MVR report:
  - If an individual is requesting their own MVR report, select "MVR – Individual".
  - If the report was requested on behalf of an organization **EXEMPT** from the MVR request fee, select "MVR – Delegate (No Fee). For a list of exempt organizations, refer to [Appendix A](#).



- If the report was requested on behalf of an organization that is **NOT** exempt from the MVR request fee, select “MVR – Delegate (Fee)”.

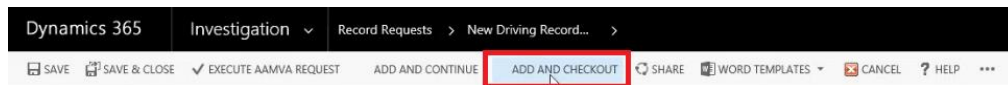


4. A scan tab will appear. Scan the MVR request form filled out by the requestor (see Appendix B for example) and enter the corresponding required information.

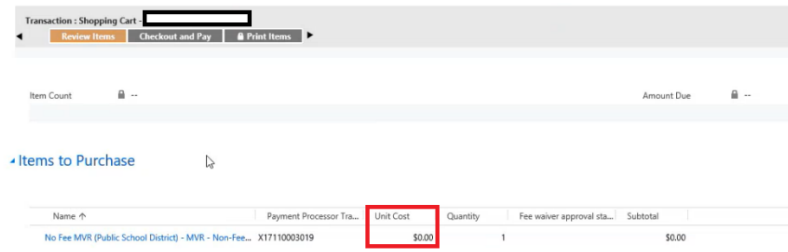
5. Once the request form has been scanned and the accompanying information has been filled out, proceed to the "Request" tab. Enter the required information under the "Requestor Information" section. **If a certified record was requested, make sure to check the "Certified Request" box.**

**NOTE:** The required information will vary depending on the requestor of the report. For example, if there is no fee attached to the request, a “No Fee Reason” will need to be provided.

6. After completing the “Request” tab, go to the top menu and click “Add and Checkout”.

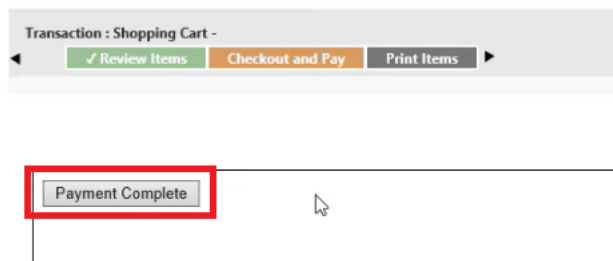


7. A new Shopping Cart will open, beginning with the “Review Items” tab. Review the transaction information—if the customer is fee exempt, make sure that the unit cost is shown as **\$0.00**.



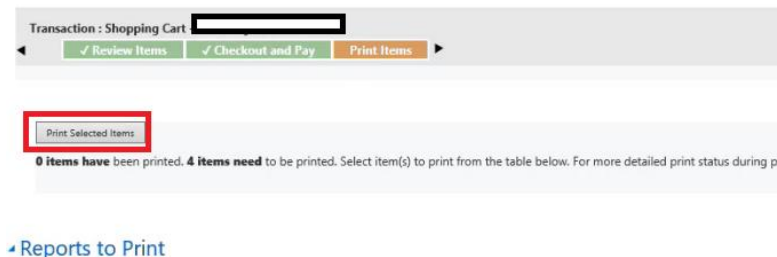
8. After reviewing the items, click on “Checkout and Pay”. The payment must now be processed—for instructions on reviewing payments, refer to Appendix C.

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9. Once the payment has been reviewed, proceed to the “Print Items” tab. Check the box next to the report being printed, then click “Print Selected Items” at the top.

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Reports to Print

Name	Quantity	Time Printed	Print Status
<input checked="" type="checkbox"/> No Fee MVR (OK State Agency) - MVR - Non-Fee-Pay...	1		Needs to be printed. Sele...



10. A new window will appear showing a preview of the MVR report. Click the “Print file” button in the preview window to print the report.

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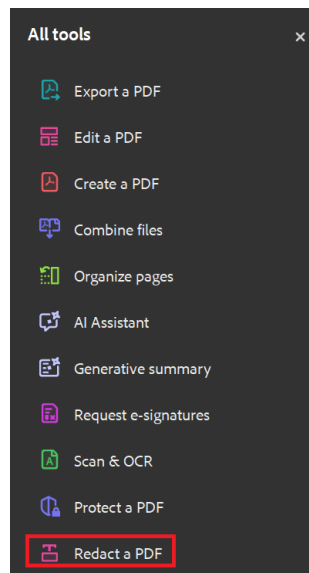
**MOTOR VEHICLE REPORT**

This document is not a Public Civil Record.

**DRIVER**

Name: \_\_\_\_\_

11. If the personal information on the MVR report does not need to be redacted, skip to the next step. Otherwise, open the PDF in Adobe Acrobat and click the “Redact a PDF” button on the left menu. Redact all the required fields containing personal information; for further instructions on redacting MVR reports, refer to the [“Redaction Guidelines”](#) section. If the report does not need to be redacted, skip to the next step.



12. The MVR report is now ready to be delivered to the requestor, either by mail or digitally (depending on the option they selected). After completing the delivery of the MVR report, make sure to process the payment in PayPort. If you do not have a PayPort account, return the completed request form and paper-clipped payment to the MVR team. Place the payment and processed request form to the basket labeled “Complete with Checks”.

## Collision Reports (OCERS)

Service Oklahoma also processes requests for collision reports from individuals or organizations. If the individual requesting the collision report was not involved in the collision, or the organization requesting the report is not authorized to request collision reports with personal information, the information on the report may need to be redacted. For further information on redacting collision reports, refer to the [“Redaction Guidelines”](#) section.

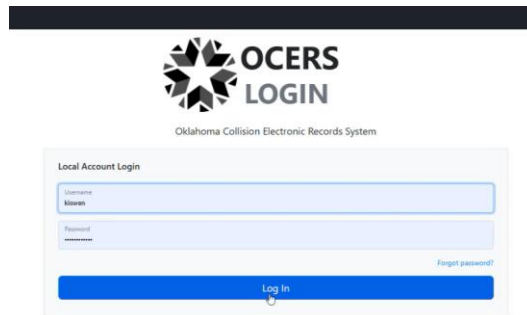
Collision reports are hosted on one of two systems: the first is [Oklahoma Collision Electronic Records System \(OCERS\)](#), which is operated by DPS. Most jurisdictions input collision reports electronically, so it is recommended to start the search through OCERS first. If the collision report cannot be found in OCERS, it is likely hosted on OnBase instead.

Requesters may also opt to have the MVR report certified at an additional cost of \$3 per record.

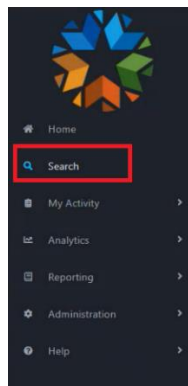
Refer to the next page for step-by-step instructions on navigating OCERS.

### Steps

1. [Open OCERS](#) and log in.



2. After signing in, click the “Search” button on the left-side menu.



3. Under Search Type, select one of the following:
  - a. Everything
  - b. Crash
  - c. Incident
4. Enter the information for the crash, then click “Search”.



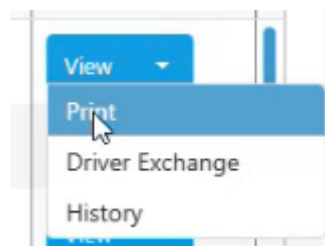
- A list of search results will appear. Scroll through until the correct collision is identified.

Case Number	MRN	Status	Collision Date	Location	Severity	Revision #	
25-001889	2502001585	Approved	1/27/2025 9:10:00 AM	E 700 RD	(O) Property Damage-Only	1	View
25-001901	2502001516	Approved	1/27/2025 11:18:00 AM	I-244 N/B RAMP TO US-412 W/B	(O) Property Damage-Only	1	View
025000219	2502000291	Approved	1/27/2025 7:52:17 PM	N Highway 169	(O) Property Damage-Only	2	View
2025006159	2502001348	Approved	Unknown	7710 RIVERSIDE DR	(O) Property Damage-Only	1	View
25-002023	2502001122	Approved	1/27/2025 6:56:00 PM	I-240 EAST	(O) Property Damage-Only	1	View
25-001929	2502001118	Approved	1/27/2025 7:47:00 PM	BROADWAY EXT SB	(O) Property Damage-Only	1	View
2025-0007476	2502001040	Approved	1/27/2025 4:56:00 PM	SW 88TH ST	(O) Property Damage-Only	1	View
25-001923	2502000959	Approved	1/27/2025 6:01:00 PM	I-40 WESTBOUND	(O) Property Damage-Only	1	View
2025-0007546	2502000946	Approved	1/27/2025 10:45:00 PM	BROADWAY EXT N	(O) Property Damage-Only	1	View
25-001919	2502000719	Approved	1/27/2025 5:51:00 PM	S HIGHWAY 97	(C) Possible Injury	1	View
25-001919	2502000700	Approved	1/27/2025 5:08:00 PM	City Street (Arlin Street)	(O) Possible Injury	1	View

1 - 50 of 186 items

**NOTE:** If the collision cannot be found, it was likely not recorded digitally and was processed via OnBase instead. Refer to the “Collision Reports (D360 and OnBase)” section for further information.

- Once the correct collision is found, click on the drop-down button next to “View”, then click “Print”. The collision report will now open as a PDF document.

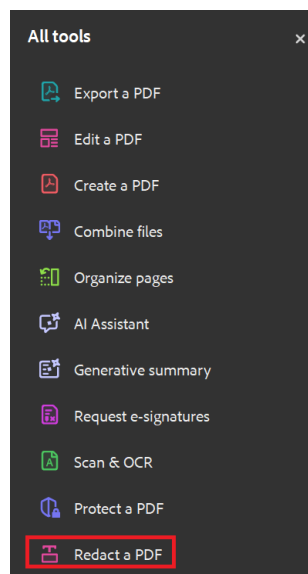


- If the customer did not request a certified report, skip to the next step. Otherwise, to certify the report, open the PDF in Adobe Acrobat. Click the “View more” button on the

left menu, then click “Add a stamp”. Select the stamp that says “CERTIFIED COPY”, followed by your name and the time and date.



8. If the personal information on the collision report does not need to be redacted, skip to the next step. Otherwise, open the PDF in Adobe Acrobat (if it is not already open) and click the “Redact a PDF” button on the left menu. Redact all the required fields containing personal information; for further instructions on redacting collision reports, refer to the [“Redaction Guidelines”](#) section. If the report does not need to be redacted, skip to the next step.



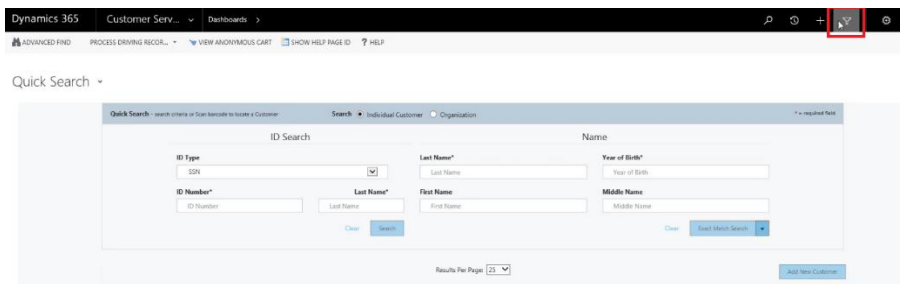
9. If the report is being delivered digitally, save the PDF and email it to the recipient. If the report is being delivered physically, print a copy of the report and prepare for it to be sent to the recipient.

## Collision Reports (D360 and OnBase)

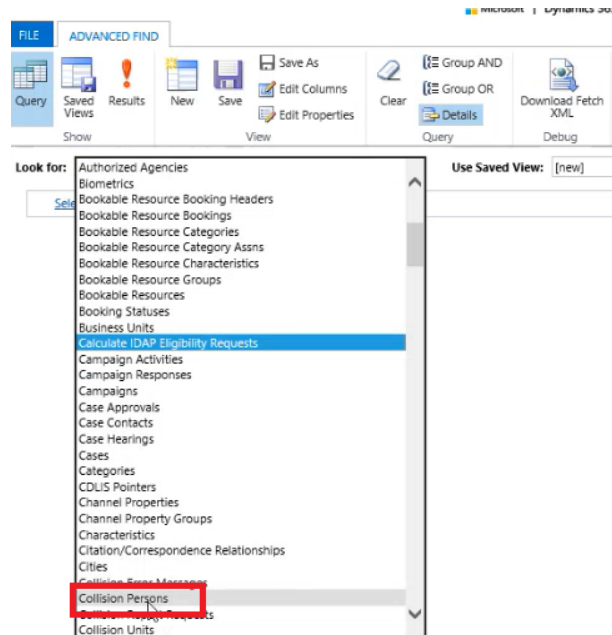
If the collision could not be found on OCERS, it was likely not processed digitally. This means that the physical report may have been scanned and uploaded to OnBase. To open a collision report in OnBase, you must first find the document ID by searching in D360.

### Steps

1. **Open D360.** Click on the filter button in the top right corner.



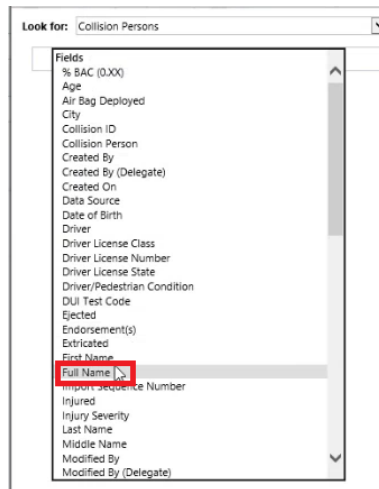
2. A new window will open. Click on the drop-down menu next to “Look for:” and select the most relevant filter to locate the collision. For example, if using the individual’s name to find their collision report, select “Collision Persons”.



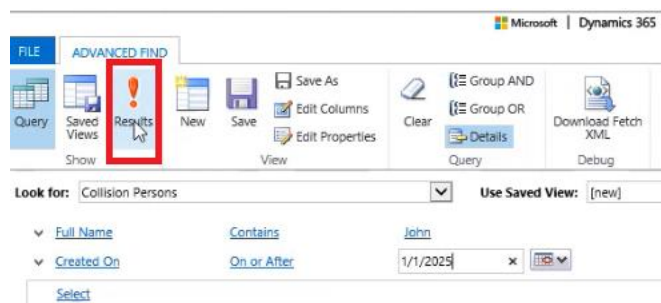
3. After selecting the first filter, hover over the “Select” button to open a new drop-down menu.



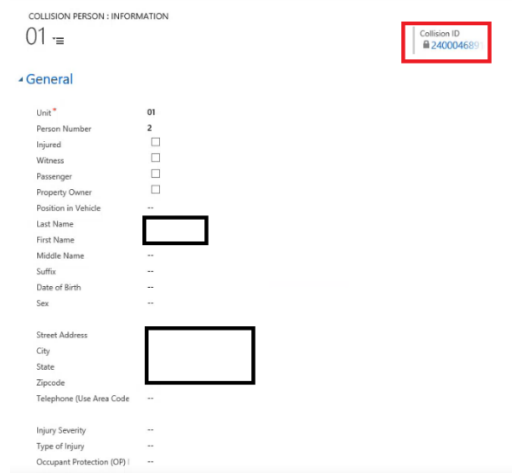
4. Select the most relevant filter—if searching by collision persons, “Full Name” is generally the best place to start.



5. After applying all relevant filters, click “Results” in the top-left corner.



6. A list will appear with all the collisions that match the filter criteria. Click on the unit number to open a new window with more information about the collision. If this is the correct collision, click on the “Collision ID” in the top-right corner.





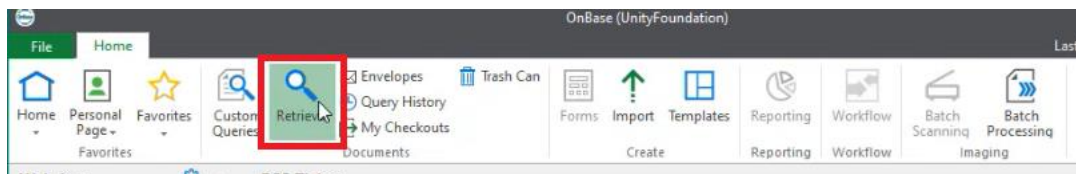
7. A new screen will appear with more information about the collision. In the top-right corner, **copy the “Document ID”**.

A screenshot of a web application interface for collision information. At the top, it says "COLLISION INFORMATION" and "2400046891". Below this is a "General" section with various checkboxes for "Incident Report", "Investigation Complete", "Investigation Made at 5", "Photographs Taken", "Revised", "Fatality", and "Hit and Run". To the right, a "Document ID" field is highlighted with a red box, showing the value "243460907". Below the checkboxes are several input fields for "Reporting Agency", "Agency Type", "Case Number (Agency ID)", "Total Motor Vehicles Involved", "Total Injured", "Total Killed", "Date of Collision", "Collision Time", "County Number", "City Number", "County Name", "City Name", "In/Near City", "Distance NS from City or T", "MU/PL NS from City", "N/S from City", and "Distance EW from City or T".

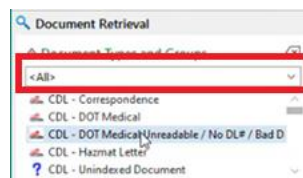
8. **Open OnBase** and enter your login information.

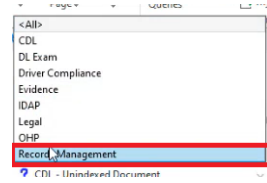
A screenshot of the OnBase Foundation EP3 login screen. It features the OnBase logo at the top. Below the logo are three input fields: "AGENCY", "333910", and an empty field. At the bottom, there are two buttons: "Login" and "Cancel".

9. After logging in, click on the “Retrieval” button on the top menu.



10. In the top-left corner, click on the “<All>” drop-down menu and select “Records Management”.



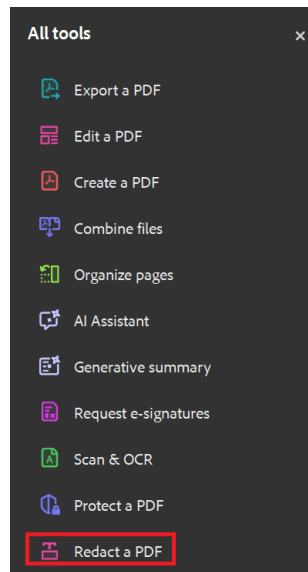


11. Click on the “Doc ID” field, then paste the document ID from D360. Click “Find”.

12. The collision report will now appear. Click the “Print” button on the top menu to print a copy of the report.

13. If the personal information on the collision report does not need to be redacted, skip to the next step. Otherwise, open the PDF in Adobe Acrobat (if it is not already open) and click the “Redact a PDF” button on the left menu. Redact all the required fields

containing personal information; for further instructions on redacting collision reports, refer to the [“Redaction Guidelines”](#) section. If the report does not need to be redacted, skip to the next step.



14. If the report needs to be certified, click the “View more” button on the left menu, then click “Add a stamp”. Select the stamp that says “CERTIFIED COPY”, followed by your name and the time and date.



15. After printing/saving the collision report, prepare the document for delivery for the requester and process the payment via PayPort. If you do not have a PayPort account, return the completed request form and paper-clipped payment to the MVR team. Place the payment and processed request form to the basket labeled “Complete with Checks”.



## Redaction Guidelines

The Driver Privacy Protection Act (DPPA), codified at 18 U.S.C. § 2721 et seq., restricts the disclosure of personal information obtained from motor vehicle records to protect the privacy of individuals. Requests for Service Oklahoma records under public records laws must comply with DPPA. If the requestor does not qualify for an exemption, personal information shall be redacted before release.

Refer to the MVR/collision report request form filled out by the requestor. If the requestor can demonstrate a permissible use for the personal information on the report, the document does not have to be redacted. However, if the requestor does not belong to a party with a permissible use for the personal information, the report must be redacted. For further information on permissible uses, refer to the "Permissible Uses and Limited Disclosure" section below.

### Definitions under the DPPA

- **Personal Information:** Information that identifies an individual, including name, address, driver's license number, Social Security number, telephone number, and medical or disability information.
- **Highly Restricted Personal Information:** Includes an individual's photograph, Social Security number, and medical or disability information.
- **Permissible Use:** Specific exemptions under 18 U.S.C. § 2721(b) that allow disclosure of personal information without consent.

### Redaction Procedures

- **General Rule:** All personal information in Service Oklahoma records shall be redacted unless disclosure falls within a permissible use under DPPA.
- **Mandatory Redaction:** The following information must be redacted from records before disclosure unless the requestor qualifies for a permissible use exception:
  - Social Security number
  - Driver's license or identification card number
  - Home address (excluding ZIP code)
  - Telephone number
  - Photographs
  - Medical or disability information

### Permissible Uses and Limited Disclosure

Under 18 U.S.C. § 2721(b), personal information may be disclosed without redaction if the requestor demonstrates a permissible use. Permissible uses include, but are not limited to:

- The individual themselves or someone with the express consent of the individual





- **Government Agencies:** Federal, state, or local agencies, including law enforcement, may access personal information for official duties, such as criminal investigations, licensing enforcement, or motor vehicle safety initiatives.
- **Insurance Companies:** Personal information may be disclosed to insurance companies and their agents for claims processing, antifraud investigations, underwriting, and rating purposes.
- **Licensed Private Investigators and Attorneys:** Personal information may be disclosed for use in legal proceedings, service of process, execution of judgments, or conducting investigations related to civil, criminal, or administrative matters.
- **Employers for CDL Verification:** Businesses may access driver information to verify the status of a commercial driver's license (CDL) when hiring drivers for transportation-related positions.
- **Researchers with Anonymized Data Sets:** Statistical or research purposes may justify disclosure of data, provided the information is anonymized and does not personally identify any individual.

## Redacting a Motor Vehicle Report

The following information fields are to be redacted on a motor vehicle report:

- Full name
- Address (street or mailing address, city and state only; zip code does not need to be redacted)
- Social security number
- Driver license or credential number
- Photograph
- Any medical or disability information (type of injury, drug test results, etc.)
- Date of birth
- Restrictions and endorsements

## Redacting a Collision Report

The following information fields are to be redacted on a collision report:

- Full name
- Date of birth
- Address (street or mailing address, city and state only; zip code does not need to be redacted)
- Phone number
- Driver license number, state and class
- Endorsements and restrictions
- Injury severity
- Type of injury
- Test
- % BAC
- Owner's full name
- Owner's address
- VIN
- Insurance company name and policy number



## Reviewing Payments

### Money Orders

- Verify the requester's name is written legibly
- Verify the date of the money order is in the last year.
  - If the money order was purchased more than 1 year before the submission of the request, review the issuer's policy regarding expiration (major money order issuers listed below). If the money order has depreciated in value, the payment and envelope contents must be returned to the requester. Include instructions to resubmit with payment using a money order that was more recently purchased. (See section [Return Notification Templates.](#))
    - NOTE: Each money order issuer has a unique policy regarding expiration, but most will depreciate in value rather than expire.
      - Amscot: Money orders begin depreciating monthly after one year. Amscot will deduct a monthly service charge of \$2 from the face value, with a maximum fee of \$144.
      - MoneyGram: Once the money order is a year old, MoneyGram will charge a monthly service fee (in the amount displayed on the back of your money order). It will deduct the accumulated service fees from the face value.
      - United States Postal Service (USPS): No depreciation; the USPS will pay the exact, full value of the money order, regardless of the original purchase date.
      - Western Union: Within one to three years of the original purchase date, the money order will begin to depreciate. The exact service fees will appear on the back of your money order.
      - Bank: Note that many banks also sell money orders that don't expire but do depreciate. Policies regarding depreciation and refunds may vary depending on the bank.
- Verify the money order is made payable to **Service Oklahoma** or **Department of Public Safety (DPS)** or **Business Support Services** or **Records Management**.
  - If made payable to OHP or any other entity, the payment and envelope contents must be returned to the requester. Include instructions to resubmit with payment made payable to **Service Oklahoma**. (See section [Return Notification Templates.](#))
  - If the payee is blank, stamp with the **Service Oklahoma** stamp.
- Verify amount of money order is correct and matches what is on the request form.
  - If it is an MVR request, verify the money order amount is \$25 or \$28 for a certified record.
  - If it is a collision report request, verify the money order is \$7 for a regular or \$10 certified.



- If the money order is for the incorrect amount, the payment and envelope contents must be returned to the requester. Include instructions to resubmit with the correct amount due. (See section [Return Notification Templates.](#))
- Verify the money order is signed by the requester.
  - If the money order is not signed, write in the requester's name on the money order.
- Add the driver's name to the money order as a "Memo" or "Note" to show who the report is for.

## Checks

- Verify the name and address are included on the check.
- Verify the date of a business check is not expired according to the expiration date on the check.
  - If the check is older than 6 months, the payment and envelope contents must be returned to the requester. Include instructions to resubmit with a check that has not expired. (See section [Return Notification Templates.](#))
- Verify the check is signed.
  - If the check is not signed, return the payment and envelope contents to the requester. Include instructions to resubmit the request with a signed check. (See section [Return Notification Templates.](#))
- Verify the check is made payable to **Service Oklahoma** or **Department of Public Safety (DPS)** or **Business Support Services**.
  - If made payable to OHP or any other entity, the payment and envelope contents must be returned to the requester. Include instructions to resubmit with payment made payable to **Service Oklahoma**. (See section [Return Notification Templates.](#))
  - If the payee is blank, stamp with the **Service Oklahoma** stamp.
- Verify amount of check is correct and matches what is on the request form.
  - If it is an MVR request, verify the check amount is \$25 or \$28 for a certified record.
  - If it is a collision report request, verify the check amount is \$7 for a regular or \$10 certified.
  - If the check is for the incorrect amount, the payment and envelope contents must be returned to the requester. Include instructions to resubmit with the correct amount due. (See section [Return Notification Templates.](#))



## Appendix

### Appendix A: Organizations Exempt from MVR Request Fee

The following entities are not required to pay a fee\* for an MVR (if in doubt, please ask teammates or supervisor for clarification):

- Persons 65 years of age or older, when requesting their own Motor Vehicle Report.
- Driver license agencies of any other state
- Any court, district attorney, or municipal prosecutor in this state or any other state
- Any law enforcement agency in this state or any other state or any federal agency empowered by law to make arrests for public offenses
- Any public school district in this state for purposes of providing the MVR of a currently employed school bus driver or person making application for employment as a school bus driver
- The Department of Human Services (DHS) for the purpose of providing the MVR to ascertain the suitability of any person being considered by the DHS for placement of a child in foster care or for adoption of the child
- The Office of Juvenile Affairs for the purpose of providing the MVR to ascertain the suitability of any person being considered by the OJA for placement of a child in foster care
- Any nonprofit provider exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986 and contracted by the Developmental Disabilities Services Division (DDSD) of the DHS
- Any Oklahoma state agency

**\* If the entities listed above request a certified copy, they must pay the fee (\$3.00) for a certified copy.**



## Appendix B: MVR Request Form



### MOTOR VEHICLE REQUEST FOR RECORDS

SECTION 1 – Information Requested Check type of record desired				Fee: (Per Record)
<input type="checkbox"/>	<b>Oklahoma Driving Record Summary</b> (State law limits this summary or Motor Vehicle Report (MVR) to three years.)			<b>\$25.00</b>
<b>TOTAL DUE</b>				
For certified copies, please add <b>\$3.00</b> per record to the amount due for a total of <b>\$28.00</b> .				
This report is for yourself: <input type="checkbox"/> <b>Yes</b> (Complete Section 2 and 3) <input type="checkbox"/> <b>No</b> (Complete Section 2, 3, 4, and 5)				
SECTION 2 – Driver Information All information required				
Name: Last, First, Middle		Driver License Number:	Sex:	Date of Birth:
SECTION 3 – Requestor Information All information required				
Name: Last, First, Middle		Telephone Number:		Email Address:
Mailing Address:		City:	State:	Zip:
SECTION 4 – Business, Organization, or Entity Information All information required				
Name of Business, Organization, or Entity:		Requestor's Title:		Type of Business:
SECTION 5 – Reason for Request Check all that apply (If none apply, complete Section 6)				
<input type="checkbox"/> Government agency (federal, state, or local including court or law enforcement) for carrying out its functions.				
<input type="checkbox"/> Legal in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.				
<input type="checkbox"/> Research Activities or Statistical Reports (personal information shall not be published, re-disclosed, or used to contact individuals).				
<input type="checkbox"/> Insurance company, insurance support organization, self-insured entity for claims investigation, anti-fraud, rating, or underwriting activities.				
<input type="checkbox"/> Licensed private investigative agency or licensed security service for any purpose permitted under 18 U.S.C. § 2721, subsection (b).				
<input type="checkbox"/> Employer of commercial driver license holder to obtain or verify information required under 49 U.S.C. § 31304.				
<input type="checkbox"/> Other for use specifically authorized under the laws of the State of Oklahoma related to the public safety. Statutory citation: _____				
Driver Written Consent				
CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply.]				
By signing below, the driver identified above grants consent to Service Oklahoma or any licensed operator to release these records to the requestor.				
Driver Signature:			Date:	
Affirmation				
<p>Pursuant to 12 O.S. § 426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of their duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and their obligations to use such information only of the purposes set out therein and their civil and criminal liabilities if they violate these duties, and their obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor' or assignees' wrongful use and/or release of such information.</p>				
Requestor Signature:			Date:	
Please return the records via: <input type="checkbox"/> Requestor's mailing address (please include a self-addressed, stamped envelope with form) <input type="checkbox"/> Requestor's email address				

Form 303RM 0097 – SOK 03/2024



## Appendix C: Collision Request Form



### COLLISION REQUEST FOR RECORDS

SECTION 1 – Information Requested				Fee: (Per Record)
<b>Collision Report</b> Collision Date: 03/03/25 City & County: Case Number:			<b>\$7.00</b>	
For certified copies, please add <b>\$3.00</b> per record to the amount due for a total of <b>\$10.00</b> .			<b>TOTAL DUE</b>	
This report is for yourself: <input type="checkbox"/> <b>Yes</b> (Complete Section 2 and 3) <input type="checkbox"/> <b>No</b> (Complete Section 2, 3, 4, and 5)				
SECTION 2 – Driver Information All information required				
Name: First Middle Last		Driver License Number:	Sex:	Date of Birth:
SECTION 3 – Requestor Information All information required				
Name: First Middle Last		Telephone Number:	Email Address:	
Mailing Address:		City:	State:	Zip:
SECTION 4 – Business, Organization, or Entity Information All information required				
Name of Business, Organization, or Entity:		Requestor's Title:	Type of Business:	
SECTION 5 – Reason for Request Check all that apply				
<input type="checkbox"/> Government agency (federal, state, or local including court or law enforcement) for carrying out its functions.				
<input type="checkbox"/> Legal in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.				
<input type="checkbox"/> Research Activities or Statistical Reports (personal information shall not be published, re-disclosed, or used to contact individuals).				
<input type="checkbox"/> Insurance company, insurance support organization, self-insured entity for claims investigation, anti-fraud, rating, or underwriting activities.				
<input type="checkbox"/> Licensed private investigative agency or licensed security service for any purpose permitted under 18 U.S.C. § 2721, subsection (b).				
<input type="checkbox"/> Employer of commercial driver license holder to obtain or verify information required under 49 U.S.C. § 31304.				
<input type="checkbox"/> Other for use specifically authorized under the laws of the State of Oklahoma related to the public safety. Statutory citation: _____				
Driver Written Consent				
CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply.]				
By signing below, the driver identified above grants consent to Service Oklahoma or any licensed operator to release these records to the requestor.				
Driver Signature:			Date:	
Affirmation				
<small>Pursuant to 12 O.S. § 426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of their duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. § 242], et seq.] and their obligations to use such information only for the purposes set out therein and their civil and criminal liabilities if they violate these duties, and their obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and hold harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor or assignees' wrongful use and/or release of such information.</small>				
Requestor Signature:			Date:	
Please return the records via: <input type="checkbox"/> Requestor's mailing address <input type="checkbox"/> Requestor's email address				

Form 303RM-C – SOK 3/2025