



Law Enforcement Crash Data Retrieval Request

Requesting Agency

_____	_____
Agency Name	Date
_____	_____
Street address, City, ST, ZIP Code	Requesting Officer
_____	_____
Primary phone number Other phone number	Rank
_____	_____
	Email address

Type of Request

- Imaging EDR only
- Imaging EDR and Analysis

Type of Incident

- Motor Vehicle Crash
- Other

Airbag Deployment

- Yes
- No

Agency Case Documentation

(Check all that apply)

- Search Warrant
- Electronic Owner/Lessee Consent
- Written Owner/Lessee Consent
- Audio Owner/Lessee Consent

Case Classification:

An incident resulting in death, great bodily harm or serious bodily injury to one or more persons where criminal charges are probable.

An incident resulting in death, great bodily harm or serious bodily injury to one or more persons where criminal charges are possible and where cause analysis cannot be reasonably discerned by a patrol officer.

Any other incident. *(Crash data retrieval generally not authorized)*

Requesting exemption Reason: _____

Attach additional documentation, if necessary.

Vehicle Information

Year _____ Make _____ Model _____ Color _____
VIN _____
Vehicle Location _____

Email completed form to:
DSPTRU@dot.wi.gov

_____ Date _____
Agency Management Signature / Rank

Agency Space

Request Approved

Request Denied

Notes: _____

_____ Date _____
Agency Signature / Rank