

## APPLICATION FOR RELEASE OF INFORMATION

CHP 190 (Rev. 11-03) OPI 008

COLLISION / INCIDENT DATE		<b>OFFICE USE ONLY</b>	
		REPORT NUMBER	
COLLISION / INCIDENT LOCATION		DRIVER OR OWNER	RECEIPT NUMBER

### PARTY OF INTEREST (check and complete one ONLY)

☐ Person involved (indicate whether driver, passenger, property owner, pedestrian, registered owner):

☐ Family member (Indicate relationship):

☐ Other party of interest, specify:

☐ Legal representative (Attorney, guardian, conservator):

☐ Representative of Insurance Company or Insurance Adjusting Agency (Must have been a carrier for involved party at time of accident. Policy or claim number must be presented.)

Policy or Claim No.:

☐ Manufacturer Representative (Must have a letter from manufacturer certifying authority dated within the last year.)

Manufacturer:

☐ Self-Insured: Name:

Certificate number:

☐ Authorized person (Must have signed authorization). Indicate person represented:

☐ Auto theft or recovery      Vehicle description: Year:      Lic. or VIN No.

### PLEASE PRINT NAME AND ADDRESS

APPLICANT	NUMBER AND STREET, CITY, STATE, ZIP CODE	
AGENCY / COMPANY	SIGNATURE ( I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE PARTY OF INTEREST AS CHECKED ABOVE)	DATE

Use previous editions until depleted.

Chp190\_0810.pdf

## SOLICITUD PARA OBTENER INFORMACION

CHP 190 (Rev. 11-03) OPI 008

FECHA DE LA COLICIÓN / INCIDENTE		<b>USO INTERNO SOLAMENTE</b>	
		NÚMERO DE REPORTE	
LUGAR DE LA COLICIÓN / INCIDENTE	CHOFER O PROPIETARIO	NÚMERO DE RECIBO	

### PARTY OF INTEREST (check and complete one ONLY)

☐ Persona involucrada (indique si es: chofer, pasajero, peatón, propietario):

☐ Miembro de familia (indique parentesco):

☐ Otra parte interesada, especifique:

☐ Representante legal (Abogado, guardián, conservador)

☐ Representante de la Compañía Aseguradora o Agencia de Ajustadores (Debe ser la compañía que tenía asegurada a la parte interesada cuando ocurrió el accidente. Debera presentar el número de póliza o reclamación.) Número de Póliza o Reclamación:

☐ Representante del Fabricante (Debe tener carta de autorización del fabricante fechada dentro de los últimos 12 meses.)

Fabricante:

☐ Asegurado por sí mismo: Nombre:

Número de Certificado:

☐ Persona autorizada (Debe tener firma de autorización) Indique a quién representa:

☐ Robo / recuperacion de vehículo

☐ Descripción: Marca      Modelo

Placas de circulación o número de serie (VIN)

### NOMBRE Y DOMICILIO (use letra de imprenta)

APLICANTE	NÚMERO Y CALLE, CIUDAD, ESTADO, ZONA POSTAL	
AGENCIA / COMPAÑÍA	FIRMA (DECLARO BAJO PENA DE PERJURIO QUE SOY LA PERSONA INTERESADA COMO ESTA INDICADO ARRIBA)	FECHA

Use previous editions until depleted.

Chp190\_1116.pdf

RECORD OF INTERVIEW			
INTERVIEWER	REPRESENTING	DATE / TIME OF INTERVIEW	
		DATE: _____	
		FROM _____ TO _____ HOURS	
LOCATION OF INTERVIEW		REGARDING <i>(PURPOSE OF INTERVIEW)</i>	
MEMBER TO BE INTERVIEWED	ID NUMBER	APPROVED BY	DATE APPROVED

RECORD OF INTERVIEW			
INTERVIEWER	REPRESENTING	DATE / TIME OF INTERVIEW	
		DATE: _____	
		FROM _____ TO _____ HOURS	
LOCATION OF INTERVIEW		REGARDING <i>(PURPOSE OF INTERVIEW)</i>	
MEMBER TO BE INTERVIEWED	ID NUMBER	APPROVED BY	DATE APPROVED

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