

# APPLICATION FOR RELEASE OF INFORMATION

CHP 190 (Rev. 2-90) OPI 083

ACCIDENT / INCIDENT DATE

OFFICE USE ONLY

REPORT NUMBER

ACCIDENT / 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 represent insurance carrier/adjuster, attorney handling case, or have a letter from manufacturer certifying authority.)

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.

c190\_400.frp

# SOLICITUD PARA OBTENER INFORMACION

CHP 190 (Rev. 2-90) OPI 083

FECHA DEL ACCIDENTE/ INCIDENTE

USO INTERNO SOLAMENTE

NÚMERO DE REPORTE

LUGAR DEL ACCIEENTE / 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 adegurada 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 representar la aseguradora/ajustador, ser el abogado de interes, o tener carta poder del fabricante)

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

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**RECORD OF INTERVIEW**

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

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