

APPLICATION FOR RELEASE OF INFORMATION

CHP 190 (Rev. 11-03) OPI 008

COLLISION / INCIDENT DATE

OFFICE USE ONLY

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_0419.pdf

SOLICITUD PARA OBTENER INFORMACION

CHP 190 (Rev. 11-03) OPI 008

FECHA DE LA COLICIÓN / INCIDENTE

USO INTERNO SOLAMENTE

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

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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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