

**Crash Data Forensics  
PO Box 39575  
Lakewood, Washington 98496  
www.crashdataforensics.com**

I authorize a representative of Crash Data Forensics access to my vehicle for the purpose of obtaining any and all crash data information, along with authority to obtain incident, accident, or investigation reports, or any other documents regarding a motor vehicle collision that occurred on

\_\_\_\_\_.

Registered Owner: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Plate #: \_\_\_\_\_ VIN: \_\_\_\_\_

A photocopy of this authorization shall have the same force and effect as the original. Further details to assist in identification of the requested information, or any official request form attached hereto may be considered part of this authorization.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date