

# TRAFFIC COURT OFFICE - REQUEST TO CLAIM RESPONSIBILITY

ref. MCIPAC-MCBBO 11240.1, USFJ HQ INST 31-205

## Privacy Act Statement

**AUTHORITY:** MCIPAC-MCBBO 5560.1B; MCIPAC-MCBBO 5560.2B; 10 U.S.C. 5013, Secretary of the Navy; and 10 U.S.C. 5014, Headquarters, Marine Corps; authorizes the collection of this information. **PRINCIPLE PURPOSE(S):** PMO Traffic Court section will use this information to track and prosecute offenses, counsel victims, and other administrative actions; to support insurance claims and civil litigation; to revoke base, station, or activity driving privileges. **ROUTINE USES:** To individuals involved in base incidents, their insurance companies, and/or their attorneys for the purpose of adjudicating a claim, such as personal injury, traffic accident, or other damage to property. The release of personal information is limited to that required to adjudicate a claim. The information will also be used by PMO administrators and disclosed to law enforcement personnel to assist in activities related to traffic moving violations. The traffic Court section may share the information with other law enforcement agencies and the MCIPAC Base Magistrate's office as necessary to keep an accurate database of violator's driving record. **DISCLOSURE(S):** Disclosure of the requested information is voluntary; however, failure to provide this information will require our section to attempt to obtain this information through other means. Additionally, failure to provide all of the requested information will result in a delay processing time and/or the ability to fulfill the request.

## 1. OFFENDER INFORMATION

|                  |                    |                           |           |
|------------------|--------------------|---------------------------|-----------|
| a. Last Name     | b. First Name      | c. Middle Initial         | d. Suffix |
| e. Date of Birth | f. EDIPI Number    | g. SOFA License Number    |           |
| h. Unit          | i. Citation Number | j. E-mail or Phone Number |           |

## 2. CLAIMANT INFORMATION

|                  |                 |                        |           |
|------------------|-----------------|------------------------|-----------|
| a. Last Name     | b. First Name   | c. Middle Initial      | d. Suffix |
| e. Date of Birth | f. EDIPI Number | g. SOFA License Number |           |
| h. Unit          | i. E-mail       | j. Phone Number        |           |

## 3. STATEMENT OF UNDERSTANDING

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM WILL RESULT IN THE IMMEDIATE PROCESSING OF THE CITATION IN MY NAME. UPON THE ACCEPTANCE OF THIS FORM I SHALL RECEIVE THE ADMINISTRATIVE ACTION IN ACCORDANCE TO MCIPAC-MCBBO 5560.2B. I WILL BE ASSESSED THE RESULTING ADJUDICATION OF THE OFFENSE. THIS IS AN OFFICIAL FORM AND MAKING A FALSE OFFICIAL STATEMENT ON THIS FORM MY RESULT IN LAW ENFORCEMENT ACTION. MY SIGNATURE BELOW FURTHER DENOTES MY UNDERSTANDING AND THAT THIS STATEMENT IS TRUE.

|                       |         |
|-----------------------|---------|
| a. Claimant Signature | b. Date |
|-----------------------|---------|