

AUTHORIZATION

TO RETRIEVE DATA FROM VEHICLE EVENT DATA RECORDERS

Named Insured/Owner:	
Loss Number:	
Date of Loss:	
Vehicle Identification Number:	

I, _____ voluntarily authorize _____
(owner's name)

to retrieve and take possession of an image of any Event Data Recorder data contained within
my _____, vehicle identification number
(vehicle color, year, make, model)

_____. By signing this Authorization, I understand that I am
(VIN)
granting permission to access, image, and analyze any data stored within my vehicle Event Data
Recording Systems.

(Signature)

(Witness)

(Printed Name)

(Printed Name)

(Date)

(Date)