



LAW ENFORCEMENT REQUEST FORM FOR VEHICLE LOCATION SOLELY IN CONNECTION WITH EXIGENT CIRCUMSTANCES

This law enforcement request form for vehicle location solely in connection with Exigent Circumstances (the “Form”) **MUST BE**:

- (a) completed in full by an authorized law enforcement officer;
- (b) submitted to Sirius XM Connected Vehicle Services Inc. (“SXMCV”) as specified;
- (c) limited to request vehicle location information;
- (d) used only due to Exigent Circumstances occurring during the case of an active emergency; and
- (e) used only when the vehicle owner is unable to give consent to the sharing of vehicle location information with law enforcement.

An “Exigent Circumstance” is an emergency in which bypassing ordinary search warrant procedures is necessary because of an imminent threat of serious bodily harm or death to an individual (for example, an AMBER Alert). Prevention of damage to or recovery of property or speculation that the vehicle may be used in future violent crimes is not considered an exigent circumstance.

For more information on SXMCV’s stolen vehicle location policies and procedures for law enforcement requests, please visit: <https://publicsafety.siriusxmcs.com/vehiclelocationpolicy>. In preparing these policies and procedures, SXMCV has taken into consideration evolving privacy concerns and policies, especially regarding real-time geolocation information, as well as the commitments made by automobile manufacturers to the Alliance for Automotive Innovation Consumer Privacy Protection Principles. **A request for vehicle location information will not be processed unless:**

- (a) it relates to an Exigent Circumstance as outlined above;
- (b) this Form is completed fully, with information sufficient to allow SXMCV to make an informed evaluation of the request; and
- (c) is submitted from the requesting law enforcement officer’s official law enforcement email address to exigent@siriusxm.com.

After submitting this Form, immediately call (833) 573-1029 (24x7x365) to confirm the Form has been received and its verification is in process.

SXMCV may exercise its discretion in providing vehicle location information after reviewing the information provided below. In accordance with 18 U.S.C. § 2702, SXMCV may only provide information requested in the Form where SXMCV believes, in good faith, that the emergency

request involves an Exigent Circumstance. Incomplete or vague responses in the Form may cause a delayed response or rejection of the request by SXMCV.

I. Law Enforcement Agency Information

Full Agency Name (no acronyms): _____

Agency Identification Number (if applicable): _____

Agency Phone: _____

Agency City/County/State: _____

II. Requesting Officer Information

Officer Name and Title / Rank: _____

Badge Number: _____

Official Law Enforcement Email Address: _____

Phone: _____

As the requesting officer, by making this request, I acknowledge and understand that my supervisor (whose name and contact details I have provided below) may be contacted by SXMCV and asked to confirm that the request for vehicle location information relates to a legitimate emergency situation in connection with an Exigent Circumstance as that term is defined above.

III. Supervising Officer Information

Supervisor's Name and Title / Rank: _____

Supervisor's Official Law Enforcement Email Address: _____

Supervisor's Phone: _____

IV. Case Details

Agency Case Number: _____

Incident Date, Time, and General Location: _____

Please describe the circumstances of the Exigent Circumstances, who may be at risk, and why you believe that there is an imminent threat of serious bodily harm or death to the individual(s) identified:

V. Vehicle Information

Year and Make/Model: _____

VIN #: _____

Vehicle Owner's Name / Physical Address / Phone Number: _____

VI. Requested Means of Location Response

When vehicle is located, select method for responding to the Agency:

Designated PSAP: _____

Officer Mobile Phone: _____

Officer Email: _____

Officer Office Phone: _____

If vehicle cannot be located, select method for responding to Agency:

Designated PSAP: _____

Officer Mobile Phone: _____

Officer Email: _____

Officer Office Phone: _____

VII. Certification by Requesting Officer

I, _____, certify under penalty of perjury that the foregoing information is, to the best of my knowledge, true and correct and provided in my capacity as an authorized law enforcement official actively investigating the case set forth in this Form.

Signature of Requesting Officer: _____

Date: _____