

SWORN STATEMENT REGARDING TRAFFIC CRASH REPORT INFORMATION

Motor vehicle crash information is confidential and exempt from disclosure for a period of 60 days after the date the crash report is filed. §316.066(2)(a) Florida Statutes (2011). Obtaining confidential information by someone who knows they are not entitled to do so is a felony violation.

The undersigned requests the following crash report (date/location/persons involved): _____.

The undersigned states that he/she or the organization they represent qualify for immediate disclosure of the crash report pursuant to the exemption checked below and does swear or affirm that information contained in a crash report made confidential by statute will not be used for any commercial solicitation of accident victims, or knowingly disclosed to any third party for the purpose of such solicitation, during the period of time that the information remains confidential.

- I am a person involved in the crash.
- I am a legal representative to a person involved in the crash: Fla. Bar No _____.
- I am a licensed insurance agent to a party involved in the crash, their insurer or insurers to which they applied for insurance coverage, Fla. License No. _____.
- I am a person under contract to provide claims or underwriting information to a qualifying insurance company, identified as: _____.
- I am a representative member of a prosecuting authority, Fla. Bar No. _____.
- I represent a radio or television station licensed by the FCC or newspaper qualified to publish legal notices or a free newspaper of general circulation, which qualifies under the statute _____.
Name of Radio/Television Station, Newspaper _____
- I represent a local, state or federal agency that is authorized by law to have access to these reports.
- I represent a Victim Service Program, as defined in §316.003(84), Florida Statutes.
Name of Program: _____
- I am a representative member of a county traffic operations entity.

Printed Name

Agency/Business Represented

Signature

Address

(Area Code) Telephone Number

City, State, Zip Code

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is ____ personally known or _____ produced identification (type of ID: _____) and who _____ (did) _____ (did not) take an oath.

Print, Type, or Stamp, Commissioned name of Notary

Signature of Notary or Certified LEO or Correctional Officer

Drivers license or other photographic identification, proof of status or identification that demonstrates qualifications to access this information were reviewed by _____, agency employee, on this ____ day of _____, 20____.