

SWORN STATEMENT FOR 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(3c) Florida State Statutes (2003). Obtaining confidential information by someone who knows they are not entitled to so is a felony violation.

The undersigned requests the following crash report:

DATE OF CRASH: _____ LOCATION OF CRASH: _____

The undersigned states that he/she or the organization they represent qualify for immediate disclosure of the crash report according 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 solicitations, during the period of time that the information remains confidential.

- I am a party involved in the crash.
- I am a legal representative to a party involved in the crash: Fla. Bar #: _____
OR Immediate Relative with proof of such (relation) _____
OR Sworn, Notarized Written Authority from immediate relative, copy attached.
- 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 #: _____
- I am a person under contract to provide claims or underwriting information to a qualifying insurance company, identified as: _____
- I am prosecuting authority, Fla Bar #: _____
- 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, identified as: _____
- I represent a local, state or federal agency that is authorized by law to have access to these reports.
- I represent a Victim Service Programs, as defined in 316.003(84), Florida State Statutes.
Name of program: _____

Printed Name	Agency/Business Represented
Signature	Address
(Area code) telephone #	City, State, Zip Code

State of Florida, County of _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
Personally Known _____ or Produced Identification _____ Type of ID produced: _____

Notary Stamp, Print or Type Commissioned Name Signature of Notary Public or Certified Law Enforcement or Correctional Officer

Driver's 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____.