

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 crash report is filed, FSS 316.066(2)(a). 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/parties):

The undersigned states that he/she or the organization represented qualify for immediate disclosure of the crash report according to the exemption checked below and does swear or affirm that the information contained in the crash report made confidential by statute will not be used for and commercial solicitation of accident victims, or knowingly be disclosed to any third party for the purpose of such solicitation, 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 _____
Florida Bar # _____
- I am a licensed insurance agent to a party involved in the crash, or a party that has applied for insurance coverage. _____
Florida License # _____
- I am a person under contract to provide claims underwriting information to a qualifying insurance company. _____
Name of Insurance Company _____
- I am a prosecuting authority _____
Florida 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. _____
Name of Radio/Television Station, Newspaper _____
- I represent a state or federal agency that is authorized by law to have access to these reports.
- Other: Explain _____

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

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Name of Notary Typed, Printed, or Stamped Signature of Notary Public-State
or Certified Law Enforcement Officer