

SWORN STATEMENT REGARDING TRAFFIC CRASH REPORT INFORMATION

**Pursuant to F.S. §316.066(2)(a) (2013), motor vehicle crash information is confidential and exempt from disclosure for a period of 60 days after the date the crash report is filed absent statutory authority to make the information immediately available to those outlined in F.S. §316.066(2)(b) (2013).

**Pursuant to F.S. §316.066(3)(c) (2013), any person, knowing that he or she is not entitled to obtain information made confidential and exempt by F.S. §316.066(2)(a), who obtains or attempts to obtain such information, commits a felony of the third degree.

Having been appraised of the above information, 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 and exempt by F.S. §316.066(2)(a) 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 and exempt.

- 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 with the insurer(s) to a person involved in the crash, to provide claims or underwriting information. Name of Insurance Company: _____.
- I am a representative member of a prosecuting authority. Fla. Bar No.: _____.
- I am a representative member of a law enforcement agency, identified as: _____.
- I am a representative of the Department of Transportation.
- I am a representative member of a county traffic operations entity.
- I represent a Victim Service Program, as defined in §316.003(85), Florida Statutes (2013).
Name of Program: _____.
- I represent a radio or television station licensed by the Federal Communications Commission, or newspaper qualified to publish legal notices under §50.011 and §50.031 of the Florida Statutes (2013), or a free newspaper of general circulation, qualified 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.

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 identification produced: _____).

Print, Type, or Stamp, Commissioned name of Notary

Signature of Notary

FOR OFFICE USE ONLY

Driver 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_____.