

**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. §316.066(2)(a) Florida Statutes (2014). 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 a crash report made confidential by statute will not be used for any 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 Number \_\_\_\_\_

\_\_\_ I am a licensed insurance agent to a party involved in the crash, their insurer or insurers to which they applied for insurance coverage, Florida License Number \_\_\_\_\_

\_\_\_ I am a person under contract to provide claims or underwriting information to a qualifying insurance company, identified as: \_\_\_\_\_

\_\_\_ I am a prosecuting authority, Florida Bar Number \_\_\_\_\_

\_\_\_ 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, as defined in 316.066(2)(b) Florida Statutes.

\_\_\_\_\_  
Name of Radio/Television/Newspaper

\_\_\_ I represent a local, state or federal agency that is authorized by law to have access to these reports. \_\_\_\_\_

Name of local/state/federal agency

\_\_\_ I represent a Victim Services Program, as defined in §316.003(85), Florida Statutes (2014).

Name of Program: \_\_\_\_\_

_____ Printed Name	_____ Agency/Business/Represented
_____ Signature	_____ Address
_____ (Area Code) Telephone Number	_____ City, State, Zip Code

State of Florida, County of \_\_\_\_\_

Sworn (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_ by

Personally known \_\_\_ or Produced Identification \_\_\_ Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Print Type or Stamp, Commissioned Name of Notary

\_\_\_\_\_  
Signature of Notary Public or Certified Law Enforcement or Correctional Officer