

REQUEST FOR TRAFFIC CRASH REPORT INFORMATION

I understand that motor vehicle crash information is confidential and exempt from Chapter 119.07 Florida Statutes, and Article I of the State Constitution, for a period of 60 days after the date the crash report is filed with the Department of Highway Safety and Motor Vehicles, according to section 316.066 (3) [c], Florida Statutes.

I also understand that there are specific exemptions to the 60-day non-disclosure period. The undersigned hereby swears that he/she or the organization they represent qualify for immediate disclosure of the crash report according to section 316.066 (3) [c], Florida Statutes, as follows:

- 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 or underwriting information to a qualifying insurance company _____
Name of Insurance Company _____
- I am a prosecuting attorney _____
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.

Supporting credentials or identification reviewed by _____, agency employee.

Dated: _____

Printed Name

Agency/Business Represented

Signature

Address

(Area Code) Telephone Number

City, State, Zip Code

Printed Name of Notary

Signature and Date of Notary