

SWORN STATEMENT FOR TRAFFIC CRASH REPORT INFORMATION

Motor vehicle crash information is confidential and exempt from Chapter 119.07 F.S.S. and s.24(a), ART. 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(2)(a) Florida Statutes (2016).

The undersigned hereby states that he/she or the organization they represent, qualify for immediate disclosure of the crash report 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 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 or underwriting information to a qualifying insurance company. Insurance Company: _____.
- I am a prosecuting authority: Florida Bar # _____.
- I represent a victim services program: Program Name _____.
- I represent a radio or television station licensed by the FCC. License _____.
- I represent a newspaper qualified to publish legal notices under ss.50.011 and 50.031: Newspaper Name: _____.
- I represent a free newspaper of general circulation, published once a week or more often, available and of interest to the public generally for the dissemination of the news. _____: Newspaper Name
- I represent a Victim Services Program, as defined in 316.003(85), Florida Statutes (2014).

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 _____, 20____, by _____

Personally known ___ or Produced Identification___ Type of ID produced: _____

Print, Type, or Stamp Commissioned name of Notary

Signature of Notary Public