

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)© Florida Statutes.

I also understand that there are specific exemptions to the 60 days non-disclosure period. The undersigned hereby states that he/she or the organization they represent qualify for immediate disclosure of the crash report according to section 316.066(3) © 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 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 Statue_____.
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 credential or identification reviewed by_____
Agency employee. Dated:_____.

I swear under penalty of perjury of law that the information obtained from this crash report 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.
s. 775.082, s. 775.083, s.775.084

Printed Name

Agency/Business Represented

Signature

Address

(Area Code) Telephone Number

City , State, Zip Code

