

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. Radio/Television/Newspaper station: _____.

___ 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

PORT ORANGE POLICE DEPARTMENT #032

Agency/Business/Represented

Signature

4545 CLYDE MORRIS BLVD

Address

(Area Code) Telephone Number

PORT ORANGE, FL 32129

City, State, Zip Code

Sworn to (or affirmed) and subscribed before me,
the undersigned authority, in the physical presence of the affiant,
this ____ day of _____, ____ (year)

Notary Public _____

(Print, Type, or Stamp Commissioned Name of Notary Public)

or

Law Enforcement Officer _____

- Personally Known
- Produced Identification, Type _____