

**AFFIDAVIT FOR RELEASE OF CRASH REPORT MADE WITHIN 60 DAYS AFTER THE DATE
REPORT IS FILED PURSUANT TO SECTION 316.066, F.S.**

Case #: _____

Pursuant to Section 316.066(5)(a), F.S. crash reports that reveal the identity, home or employment telephone number or home or employment address of, or other personal information concerning the parties involved in the crash and that are held by any agency that regularly receives or prepares information from or concerning the parties to motor vehicle crashes are confidential and exempt from disclosure for a period of 60 days after the date the report is filed.

There are, however, certain categories of exempt individuals and entities that may access crash reports prior to the termination of the above statutorily mandated 60-day period with the presentation of the proper identification. Section 316.066(5)(d), F.S. states:

“As a condition precedent to accessing a crash report within 60 days after the date the report is filed, a person must present a valid driver’s license or other photographic identification, proof of status, or identification that demonstrates his or her qualifications to access that information, and file a written sworn statement with the state or local agency in possession of the information stating that information from a crash report made confidential and exempt by this section 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 that information remains confidential and exempt..”

I hereby swear and affirm that I or the entity I represent qualify for immediate disclosure of the crash report pursuant to Sections 316.066(5)(b), (c) and (e), F.S. as follows:

_____ **I am a party involved in the accident.**

_____ **I am legal representative of a party involved in the accident** _____.

Florida Bar #

_____ **I am a licensed insurance agent or representative for an insurance agency that insures a party involved in the accident or a party involved in the accident has applied for coverage from my agency or company.** _____

Name of Insurance Co.

_____ **I am a person under contract with an insurance agency or company that insures a party involved in the accident, to provide claims or underwriting information.** _____

Name of Insurance Co.

_____ **I represent a victims services organization.** _____

Name of Organization

_____ **I represent a prosecutorial authority** _____.

Florida Bar #

_____ **I represent a television or radio station licensed by the FCC or a newspaper that publishes legal notices or a free newspaper of general circulation.** _____

Name of Publication

_____ **I represent a local, state or federal agency authorized to have access to such accident reports by any provision of law.**

Name of Agency and Identification Number

I further understand and acknowledge by executing this document, I am entitled to obtain the confidential information requested. Any misrepresentation by me regarding my entitlement to obtain such confidential information is a felony of the third degree, punishable as provided in Sections 775.082, 775.083, or 775.084, F.S.

Print Name of Party Requesting Exempt Status

Agency or Company

Signature

Address and Telephone Number

For those parties specified above who cannot personally appear, a Notary Seal must be affixed.

Subscribed and sworn to before me this _____ **day of** _____, **20** _____.

Notary Signature and Seal **Personally known** _____ **or Produced Identification** _____