

# 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 date the crash report is filed. -F.S.S. 316.066(5)(a), 316.066(5)(d)- 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):

**MELBOURNE PD CASE #:** MP \_\_\_\_\_ - \_\_\_\_\_.

The undersigned states that he/she or the organization they represent qualify for immediate disclosure of the crash report according to the exemption checked below 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 disclose 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/owner of the vehicle/owner of the property.
- I am a legal representative to a party involved in the crash: Fla. Bar No \_\_\_\_\_  
**OR** Immediate Relative (relation) \_\_\_\_\_  
**OR** Written Authority from immediate relative, copy attached.
- I am a licensed insurance agent to a party involved in the crash, their insurer or insurers to which they applied for insurance coverage, Fla. License No. \_\_\_\_\_.
- I am a person under contract to provide claims or underwriting information to a qualifying insurance company, identified as: \_\_\_\_\_.
- I am a prosecuting authority, Fla. Bar No. \_\_\_\_\_.
- 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 local, state or federal agency that is authorized by law to have access to these reports.
- I represent a Victim Service Program, as defined in 316.003(85), Florida Statutes.  
Name of Program: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Agency/Business Represented**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

State of Florida, County of Brevard

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of I.D. produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public or Certified Law Enforcement Officer

must  
be  
notarized