

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

City of Rockledge Police Department

Crash Report Requested (Date/Location/Parties/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 the 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 crash.
- I am legal representative of a party involved in the crash. _____ OR Immediate Relative _____
(Florida Bar #) (Relation)
- I am a licensed insurance agent or representative for an insurance agency that insures a party involved in the crash or a party involved in the crash has applied for coverage from my agency or company. _____
(Florida License #)
- I am a person under contract with an insurance agency or company that insures a party involved in the crash, to provide claims or underwriting information. _____
(Name of Insurance Company)
- I represent a Victim Services Program, as defined in § 316.003(84), Florida Statutes. _____
(Name of Program/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, which qualifies under the statute. _____
(Name of Radio/Television Station/Publication)
- I represent a local, state or federal agency authorized by law to have access to these reports.

(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)

(Area Code) Telephone Number (City, State, Zip Code)

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

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____. Personally known or Produced Identification Type of ID produced _____

(Notary Signature and Seal)

Personal Appearance:
Drivers license or other photographic identification, proof of status or identification which demonstrates qualifications to access this information were reviewed by agency employee,

on this _____ day of _____, 20____.
Copy ID and attach to this form.