



BROWARD COUNTY SHERIFF'S OFFICE
REQUEST FOR TRAFFIC CRASH REPORT INFORMATION

I hereby request to review or obtain a copy of at least one traffic crash report, including information in the report that reveals the identity, home or employment telephone numbers, home or employment addresses of, or other personal information concerning the parties involved in the crash.

I understand that motor vehicle crash information is confidential and exempt from §119.07(1), Florida Statutes, and §24(a), 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 (DHSMV), according to section 316.066(2)(a), Florida Statutes, unless a specific exemption to the 60 day non-disclosure period applies.

I understand that any person, knowing that he or she is not entitled to obtain confidential traffic crash information within 60 days after the date the crash report is filed with the DHSMV, who obtains or attempts to obtain such information is guilty of a felony of the third degree, pursuant to section 316.066(3)(c), Florida Statutes.

The undersigned hereby states that he/she, or the organization they represent, qualify for immediate disclosure of the traffic crash report(s) being requested pursuant to an exemption specified in section 316.066(2), Florida Statutes, as follows:

- I am the owner of the vehicle or a party involved in the crash, or their legal representative
I am a licensed insurance agent to a party involved in the crash, or a party that has applied for insurance coverage
I am a person or organization under contract to provide claims or underwriting information to a qualifying insurance company
I am a prosecuting authority
I represent a radio or television station licensed by the FCC.
I represent a victim services program.
I represent a newspaper qualified to publish legal notices.
I represent a free newspapers of general circulation, published once a week or more often, of which at least 7,500 copies are distributed by mail or by carrier as verified by a postal statement or by a notarized printer's statement of press run, which are intended to be generally distributed and circulated, and which contain news of general interest with at least 10 pages per publication, available and of interest to the public generally for the dissemination of news.
I represent a state or federal agency that is authorized by law to have access to these reports.

I hereby affirm that I will not use, or knowingly disclose to any third party, the information from a crash report made confidential and exempt by Fla. Stat. §316.066 for any commercial solicitation of accident victims, during the period of time that the information remains confidential and exempt, and understand that if I should use or disclose such information during this time period, I am guilty of a felony of the third degree, pursuant to section 316.066(3)(c), Florida Statutes.

Printed Name & Title Agency/Business Represented
Signature Street Address
(Area Code) Telephone Number City, State, Zip Code

State of Florida, County of Broward
Sworn to and subscribed before me this ___ day of ___, 20___, by _____

Who is personally known ___ or Produced Identification ___ Type of i.d. produced: _____

Print, Type, or Stamp, Commissioned name of Notary Signature of Notary Public

Supporting credentials or identification reviewed by: _____ Date: _____
Name and CCN