SWORN STATEMENT TO OBTAIN TRAFFIC CRASH REPORT INFORMATION

Requester's information: Name of Requester Date of Request Reference # (Case/File Name) Street Address Telephone Number Fax Number State City **Email Address Crash information:** Date of Crash Crash Report # (if known) Law Enforcement Agency Case # (FHP or other, if known) Location of Crash County (where crash occurred) Parties Involved Sworn Statement for Obtaining Crash Report within 60 Days of Filing Pursuant to § 316.066(2)(b), Fla. Stat., a crash report may be made available within 60 days of filing only to the following persons. Persons eligible to obtain a crash report during this 60-days period remain eligible once the 60 days has expired. Please select the option that best describes you (select one): ☐ I am a party involved in the crash. □ I am the legal representative of (party involved in the crash) (State / Bar number: _____ ☐ I am a licensed insurance agent of, an insurer of, or an insurer to which coverage has been applied for by, (party involved in the crash). (License number: ☐ I am a person under contract to provide claim or underwriting information for a qualifying insurer. (Name of insurer: _ ☐ I represent a victim services program. (Name of program: _____ ☐ I represent a federal, state, or local governmental agency or am a private person or entity acting on behalf of such agency in carrying out its functions. (Agency name: ☐ I represent a radio or television station licensed by the FCC or newspaper qualified to publish legal notices under §§ 50.011 & 50.031, Fla. Stat. (Specified personal information must be redacted.) (Name of media organization: __ ☐ I am a third party acting on behalf of a person or entity listed above for disclosure of the crash report only to such person or entity. (Designate such person or entity by circling and completing the above selection.) (Name of person or entity:___ Under penalty of perjury, I swear (or affirm) that the foregoing answers are true and complete and that the requested report will not be used for commercial solicitation of crash victims or knowingly disclosed to any third party for purposes of such solicitation. Signature of Requester STATE OF **COUNTY OF** Sworn to (or affirmed) and subscribed before me by means of \square physical presence or \square online notarization this _____ day of _, 20____, by __ □ personally known or □ produced identification. Type of identification produced: _____ Signature of Notary (Print, Type or Stamp Commissioned Name of Notary Public) (NOTARY SEAL) HSMV Form 94010 (Rev. 03/2023)

My Commission expires: