

# Alachua Police Department

## *Sworn Statement to Obtain Traffic Crash Report Information*

The undersigned requests the following crash report (case number, date, location or parties involved):

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Pursuant to Section 316.066(2), Florida Statutes, motor vehicle crash information is confidential and exempt from disclosure for a period of 60 days after the crash report is filed. Obtaining confidential information when not entitled to do so is a felony violation.

The undersigned states that he/she or the organization represented qualify for immediate disclosure of the crash report according to the exemption checked below and does swear or affirm that the information contained in a crash report made confidential by statute will not be used for any commercial solicitation of crash victims, or knowingly be disclosed 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.
- I am a legal representative to a party involved in the crash.  
Florida Bar Number: \_\_\_\_\_
- I am a licensed insurance agent to a party involved in the crash, their insurer or insurers to which they applied for insurance coverage. Florida License Number: \_\_\_\_\_
- I am a person under contract to provide claims or underwriting information to a qualifying insurance company, identified as: \_\_\_\_\_
- I am a prosecuting authority. Florida Bar Number: \_\_\_\_\_
- 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, as defined in Section 316.066(2)(b), Florida Statutes. Name of radio/television/newspaper: \_\_\_\_\_
- I represent a local, state or federal agency that is authorized by law to have access to crash reports.  
Name of local/state/federal agency: \_\_\_\_\_
- I represent a Victim Services Program, as defined in Section 316.003(8), Florida Statutes.  
Name of Program: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number with Area Code

\_\_\_\_\_  
City, State, Zip

State of Florida  
County of \_\_\_\_\_

Sworn (or affirmed) and subscribed before me by means of  physical presence or  notarization  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
Personally Known  or Produced Identification (ID)  Type ID Produced: \_\_\_\_\_

\_\_\_\_\_  
Print/Type/Stamp Commissioned Notary Name  
Form HSMV 94010 (revised March 2020)

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