

AVENTURA POLICE DEPARTMENT

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 Chapter 119.07, Florida Statutes, and 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(3) C , 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)(e), 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(3) C, Florida Statutes, as follow:

- I am a party involved in the crash.
- I am a legal representative to a party involved in the crash _____
Fla. Bar No.
- I am a licensed insurance agent to a party involved in the crash, or party that has applied for insurance coverage- _____
Fla. License No.
- I am a person organization under contract to provide claims or underwriting information to a qualifying insurance company- _____
Name of Insurance Company
- I am prosecuting authority- _____
Fla. Bar No.
- I represent a state or federal agency that is authorized by law to have access to these reports.
- I am the registered owner of the vehicle. _____

Printed Name

Agency/Business Representative

Signature

Street Address

(305) Telephone Number

City, State, Zip Code

Supporting credentials or identification reviewed by: _____
Name

Date: _____

CASE # _____