



*Hollywood Police Records Unit
3250 Hollywood Boulevard
Third Floor
Hollywood, FL 33021
Phone: 954-967-4480*

**CITY OF HOLLYWOOD POLICE DEPARTMENT
Motor Vehicle Accident Report Request Affidavit**

Motor vehicle crash information is confidential and exempt from disclosure for a period of 60 days after the date the crash report is filed. Any person knowing that he or she is not entitled to obtain information made confidential and exempt by Florida Statute 316.066 (2014), who obtains or attempts to obtain such information commits a felony of the third degree. Further, any person who knowingly uses confidential and exempt information in violation of a filed written sworn statement commits a felony of the third degree.

The undersigned states that he/she or the organization they represent qualify for immediate disclosure of the crash report according to the exemption **selected below** and does swear or affirm that the information contained in the crash report made confidential by statute 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 the information remains confidential.

I hereby request a copy of the following REPORTING AGENCY CASE NUMBER: _____.
I hereby declare that under penalty of perjury the following: I am authorized under Florida Statute 316.066(2)(b) to obtain a copy of the above listed crash report as I am: (check applicable box)

- _____ **A party involved in the accident.**
- _____ **A parent of a minor involved in the accident (ID and/or VEHICLE REGISTRATION REQUIRED)**
- _____ **The legal guardian of a minor involved in the accident (DOCUMENTATION REQUIRED)**
- _____ **A personal representative of the estate of the individual involved in the accident (DOCUMENTATION REQUIRED)**
- _____ **A Prosecuting Attorney, Florida Bar No.: _____**
- _____ **A legal representative of the individual involved in the accident. Release letter from the client represented required. Florida Bar No.: _____**
- _____ **Insurance agent or Insurer to which the individual has applied for coverage, or person who has contracted with Insurer to provide claims or underwriting information (DOCUMENTATION REQUIRED)**
- _____ **A representative of a television or radio station licensed by the FCC (DOCUMENTATION REQUIRED)**

CITY OF HOLLYWOOD POLICE DEPARTMENT
Motor Vehicle Accident Report Request Affidavit - CONTINUED

_____ A representative of a newspaper qualified to publish legal notices or free newspapers of general circulation published at least once a week in compliance with Florida Statute 316.066(2)(b) (DOCUMENTATION REQUIRED). Name of Newspaper: _____

_____ A representative of a Law Enforcement Agency

_____ A Victim Services Program as defined in Florida Statute 316.003.

_____ OTHER _____ Must be reviewed and approved by the Records Manager and Legal Advisor.

Printed Name of Requestor/Affiant

Agency or Business Represented (if applicable)

Signature of Requestor/Affiant

Telephone Number

Address

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn to or affirmed and subscribed before me this _____ day of _____, 20____
(month) (year)

Must produce identification _____
ID produced and number

Signature of Notary Public

Stamp Commission Name of Notary Public

Driver's license or other photographic identification, proof of status or identification that demonstrates qualifications to access this information were reviewed by: _____, agency employee.
Initials and Badge Number

This _____ day of _____, 20_____.