POLICE DEPARTMENT
W. Howard Harrison
Chief of Police

Plantation
the grass is greener®

CITY OF PLANTATION -- PLANTATION POLICE DEPARTMENT
Motor Vehicle Accident / Crash Report Request Form **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 (2011), who obtains or attempts to obtain such information commits a third degree felony.

I am hereby requesting a copy of the accident/crash report for the following motor vehicle accident:

Accident Report # / Case # _____ Date of Accident _____

Individual(s) Involved _____

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

I hereby declare 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 or boxes)

- ☐ A party involved in the accident / crash
- ☐ A parent of a minor involved in the accident /crash
- ☐ The legal Guardian of a minor involved in the accident / crash
  (**Must provide appropriate documentation)**
- ☐ A personal Representative of the estate of the individual involved in the accident / crash
  (Must provide appropriate documentation)
- ☐ The attorney for the individual who was involved in the accident / crash
  (Must provide appropriate release / paperwork) **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
  (Must provide appropriate documentation)
  Insurance Company, License No. _____

Plantation Police Department
Records Unit
451 NW 70th Terrace, Plantation, FL 33317
phone: 954.797.2107 fax: 954.797.2724
www.psd.plantation.org

CITY OF PLANTATION -- PLANTATION POLICE DEPARTMENT
Motor Vehicle Accident / Crash Report Request Form **AFFIDAVIT**

(Check applicable box or boxes)

☐ A prosecuting attorney **Florida Bar No.** _____

☐ An employee, agent or authorized representative of a radio station or television station licensed by the FCC; a newspaper qualified to publish legal notices; or a free newspaper of general circulation published once a week or more often, available and of interest to the public generally for the dissemination of news (in compliance with Florida Statute 316.066 (2)(b)

Name of Newspaper _____

☐ A representative of a law enforcement agency

☐ A representative of a Victim Services Program, as defined by Florida Statute 316.003 (85)

☐ Other _____

(Must be reviewed by Legal Department prior to release)

_____ (Printed Name of Requestor)

_____ (Agency or Business Represented, if applicable)

_____ (Signature of Requestor)

_____ (Address)

_____ (Telephone Number)

STATE OF FLORIDA **COUNTY OF BROWARD**

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

by _____ (Name of Affiant).

MUST PRODUCE IDENTIFICATION _____ (Type of Identification produced and number)

_____ (Signature of Notary public) _____ (Printed Name of Notary public) _____ (Stamp Commissioned 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 _____ (Name of PPD employee), agency employee, on this _____ day of _____ (month), 20____ (year).