

**CLAY COUNTY SHERIFF'S OFFICE**  
**Clay County, Florida**  
**REQUEST FOR TRAFFIC CRASH REPORT INFORMATION**

Case # \_\_\_\_\_

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 is filed with the Department of Highway Safety and Motor Vehicles, according to section 316.066(2) (a) Florida Statutes.

I also understand that there are specific exemptions to the 60 day non disclosure period. The undersigned hereby states that he/she or the organization they represent qualify for immediate disclosure of the crash report according to section 316.066(2) (a) Florida Statutes, as follows:

- I am a party involved in the crash
  
- I am a legal representative to a party involved in the crash \_\_\_\_\_  
Florida Bar # \_\_\_\_\_
  
- I am a licensed insurance agent to a party involved in the crash, or party that has applied for insurance coverage \_\_\_\_\_  
Florida License # \_\_\_\_\_
  
- I am a person under contract to provide claims or underwriting information to a qualifying insurance company \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_
  
- I am a prosecuting authority \_\_\_\_\_  
Florida Bar # \_\_\_\_\_
  
- 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, which qualifies under the statute \_\_\_\_\_  
Name of Radio/Television Station, Newspaper \_\_\_\_\_
  
- I represent a state or federal agency that is authorized by law to have access to these reports
  
- Supporting credentials or identification reviewed by \_\_\_\_\_  
\_\_\_\_\_, agency employee. Dated \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
(Area Code) Telephone Number

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