



FLAGLER BEACH POLICE DEPARTMENT

Matthew P. Doughney, Chief of Police
204 S. Flagler Ave
Flagler Beach, FL 32136
386.517.2023

Traffic Crash Report Request

Case Number _____

I understand that motor vehicle crash information is confidential and exempt from Chapter 119.07 Florida Statutes, and Article 1 of the State Constitution, for a period of Sixty (60) days after the date the crash report is filed with the Department of Highway Safety and Motor Vehicles, according to section 316.066(3) (C) Florida Statutes.

I also understand that there are specific exemptions to the Sixty (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 (3) (C) 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 Number)
- ☐ I am a licensed insurance agent to a party involved in the crash, or a party that has applied for insurance coverage. Florida License Number _____
- ☐ 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 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, 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.
- ☐ I hereby certify that this information will not be used for any commercial solicitation of accident victims, or knowingly disclosed to any third party for the purpose of such solicitation must be completed and sworn for each confidential crash report.
- ☐ Supporting credentials or identification reviewed by a Flagler Beach Police Department employee.
Dated: _____ **Attach copy of Identification**

Print Name

Agency/Business Represented

Signature

Address

Phone number

City, State, and Zip Code