



St. Augustine Beach Police Department



Traffic Sworn Statement

Name: _____ Phone Number: _____

Address: _____ Email: _____

_____ Crash Report # _____

Sworn Statement within 60 Days

Pursuant to § 316.066(2)(b), Fla. Stat., a crash report may be made available within 60 days of filing only to the following persons. Persons eligible to obtain a crash report during this 60-days period remain eligible once the 60 days has expired. Section 316.066(3), Fla. Stat., provides criminal penalties against persons who knowingly obtain confidential crash reports they are not entitled to or who use such confidential information in violation of a filed written sworn statement. The statute also authorizes civil penalties against persons who knowingly disclose or use such confidential information for purposes not permitted under DPPA.

Please select the option that best describes you (select one):

- I am a party involved in the crash.
- I am the legal representative of _____ (party involved in the crash)
(State / Bar number: _____).
- I am a licensed insurance agent of, an insurer of, or an insurer to which coverage has been applied for by, (party involved in the crash _____). (License number: _____).
- I am a person under contract to provide claim or underwriting information for a qualifying insurer.
(Name of insurer: _____).
- I represent a victim services program. (Name of program: _____).
- I represent a federal, state, or local governmental agency or am a private person or entity acting on behalf of such agency in carrying out its functions. (Agency name: _____).
- I represent a radio or television station licensed by the FCC or newspaper qualified to publish legal notices under §§ 50.011 & 50.031, Fla. Stat. (Specified personal information must be redacted.)
(Name of media organization: _____).
- I am a third party acting on behalf of a person or entity listed above for disclosure of the crash report only to such person or entity. (Designate such person or entity by circling and completing the above selection.)
(Name of person or entity: _____).

Under penalty of perjury, I swear (or affirm) that the foregoing answers are true and complete and that the requested report will not be used for commercial solicitation of crash victims or knowingly disclosed to any third party for purposes of such solicitation.

Signature _____ Date _____

Sworn Statement after 60 Days

Pursuant to § 316.066(2)(f), Fla. Stat., crash reports may be made available 60 days after filing to any person or entity in accordance with any of the permissible uses listed in the federal Driver's Privacy Protection Act (DPPA), 18 U.S.C. § 2721(b) and pursuant to the act's resale and redisclosure requirements in 18 U.S.C. § 2721(c).

Please select all permissible uses listed in 18 U.S.C. § 2721(b) for which you are eligible:

- For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.
- For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only—to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
- For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.
- For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
- For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- For use in providing notice to the owners of towed or impounded vehicles.
- For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.
- For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under 49 U.S.C. chapter 313.
- For use in connection with the operation of private toll transportation facilities.
- For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.
- For any other permissible use authorized in 18 U.S.C. § 2721(b). Provide documentation describing such use with specific citation to the respective provision of the federal act authorizing such use.

Under penalty of perjury, I certify that I am entitled to receive the requested report according to the selected DPPA permissible use(s), that I understand I must comply with DPPA's resale and redisclosure requirements, and that the requested report will not be used for commercial solicitation of crash victims or knowingly disclosed to any third party for purposes of such solicitation.

Signature _____ Date _____

STATE OF _____ COUNTY OF _____ Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization this ____ day of ____ 20 ____, by _____, who is personally known or produced identification. Type of identification produced _____.

(NOTARY SEAL)

Signature of Notary

(Print, Type or Stamp Commissioned Name of Notary Public)