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LexisNexis Coplogic Solutions Inc.

15 Industrial Drive
Martinsville, IN 46151

Request for Florida Vehicle Crash Report

Please select one of the following:

○   I am a party involved in the crash

○   I am a legal representative to a party involved in the crash

○   I am a licensed insurance agent to a party involved in the crash, their insurer or insurers to which they applied for insurance coverage

○   I am a person under contract to provide claims or underwriting information to a qualifying insurance company

○   I am a prosecuting authority

○   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

○   I represent a local, state or federal agency that is authorized by law to have access to these reports

○   I represent a Victim Service Program, as defined in §316.003(84), Florida Statutes

○   I am an interested party

I or the organization I represent qualify for disclosure of the crash report according to the option selected above and do 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.

NOTICE: Motor vehicle crash information is confidential and exempt from disclosure to non-exempt parties for a period of 60 days after the date the crash report is filed. §316.066(3)(c) Fla. Stats. (2003). Obtaining confidential information by someone who knows they are not entitled to do so is a felony violation.

CRASH INFORMATION

Name of a Driver_____

Date of Crash_____

Report OR VIN Number_____

Agency_____

SIGNATURE_____ DATE_____