

REPORT(S) BY MAIL

The Records Section maintains General Offense and Florida Traffic Crash Reports generated by the Hillsborough County Sheriff's Office. Requests will be processed in the order they are received and released per Florida State Statute 119.00.

Florida Statute 119.07 authorizes the following charges:

Single-sided copies: \$.15 per page

Double-sided copies: \$.20 per page

Certified Copies: \$1.00 per copy

If the request is voluminous in nature and/or requires extensive research time to prepare, a deposit may be required. These types of requests will be charged at an hourly rate of \$21.00. We will analyze the request and contact you if a deposit is necessary.

Please provide the information that applies to your request:

General Offense Report Number / Florida Traffic Crash Report (Reporting Agency Case Number):

If the Florida Traffic Crash Report (accident) occurred less than sixty (60) days from today's date, please see the attached **Sworn Statement for Traffic Crash Report Information** which is required per Florida Statute 316.066. This statute provides for criminal penalties (third degree felony) for the unlawful disclosure of confidential personal information. This form must be completed, notarized and mailed with your request.

CALLS FOR SERVICE: Provide the exact address and date range you want searched: (Example: 2008 East 8th Avenue, January 1, 2014 through December 31, 2014)

Street Address: _____ City: _____ State: _____

Date From: __/__/__ Date To: __/__/__

NAME SEARCH: Provide a complete name and date of birth: (Example: Robert Smith, Date of birth 01/15/1958)

Date From: __/__/__ Date To: __/__/__

First Name: _____ Last Name: _____ MI: _____

Date of Birth: __/__/__

Mail your request to:

Hillsborough County Sheriff's Office
Attention: Records Section/Freddie Solomon Annex
Post Office Box 3371
Tampa, Florida 33601

SWORN STATEMENT FOR TRAFFIC CRASH REPORT INFORMATION

Motor vehicle crash information is confidential and exempt from disclosure 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.

The undersigned requests the following crash report (date/location/parties): _____

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 am a party involved in the crash.
- I am a legal representative to a party involved in the crash: Fla. Bar No _____, OR Immediate Relative (relation) _____, OR Written Authority from immediate relative, copy attached.
- I am a licensed insurance agent to a party involved in the crash, their insurer or insurers to which they applied for insurance coverage, Fla. License No. _____
- I am a person under contract to provide claims or underwriting information to a qualifying insurance company, identified as: _____
- I am a prosecuting authority, Fla. Bar No. _____
- 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 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. Name of Program: _____

Printed Name	Agency/Business Represented
Signature	Address
(Area Code) Telephone Number	City, State, Zip Code

State of Florida, County of _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 200__, by
Personally known _____ or Produced Identification _____ Type of i.d. produced: _____

Print, Type, or Stamp, Commissioned name of Notary

Signature of Notary Public or Certified Law Enforcement or Correctional Officer

Drivers license or other photographic identification, proof of status or identification that demonstrates qualifications to access this information were reviewed by _____, agency employee, on this _____ day of _____, 200__.