

**REQUEST & AUTHORIZATION FOR RELEASE OF  
TRAFFIC ACCIDENT REPORT**

STATE OF FLORIDA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Florida, personally appeared \_\_\_\_\_, who being duly sworn deposes and states:

1. My name is \_\_\_\_\_ and I have personal knowledge of all of the information contained in this Affidavit.
  
2. On \_\_\_\_\_, 20\_\_\_\_ I was involved in an automobile accident which occurred at \_\_\_\_\_.
  
3. At the time of the accident, I was a (driver/passenger) in a vehicle owned by \_\_\_\_\_.
  
4. I hereby authorize my attorney, Jay Rothlein, to obtain a copy of the police accident report regarding this incident, immediately upon presentation of the original of this Release.
  
5. FURTHER AFFIANT SAYETH NOT.

\_\_\_\_\_  
AFFIANT

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who produced as identification DL# \_\_\_\_\_  
(State of \_\_\_\_\_).

\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida  
My commission expires: