INDICATE BY INITIALS BELOW. By initialing on the authority below, you are	MOTOR VEHICLE ACCIDENT REPORT AFFIDAVIT
asserting that information is true and correct.	
Party involved in the collision.	STATE OF OKLAHOMA
Person under contract with the insurer, to provide claims or underwriting)SS.
information.	601D WW 07 017 (110) (1
Licensed insurance agents of party involved in the collision.	COUNTY OF OKLAHOMA)
Insurer of a party involved in the collision.	I being duly sworn, do hereby
Insurer to which a party had applied for coverage.	swear or affirm, under penalty of perjury, that the motor vehicle or traffic accident report
Licensed private investigators employed by parties to the collision.	will not be examined, reproduced, or otherwise used in any way for commercial solicitation purposes, either directly or indirectly, and that I, in seeking to obtain this
Legal representative of a party involved in the collision.	report, fall within one of the following categories as required by 43-14.3:
Person or firm with a current affidavit on file. *	1. person involved in the motor vehicle or traffic accident or the
Radio or television broadcaster. *	authorized representative of such person; or
Newspaper as defined in Title 25 106.*	2. news media; or
Prosecutorial authority. *	3. legal newspaper
State, County, or City law enforcement agency. *	
The Department of transportation or any county or city Transportation or road	Dated this,,
and highway insurance agency. *	
*No affidavit required, provided proper credentials and valid proof shown. **NOTICE**	
Any person who knowingly violates this section and obtains or provides information	Affiant Signature
made confidential by this section is guilty of misdemeanor and shall be fined no more	
than two thousand five hundred dollars (\$2500.00). Second and subsequent offenses shall	
carry a penalty of imprisonment in the county jail for not more than thirty (30) days.	

Date

Requestor's Signature