

MOTOR VEHICLE COLLISION AFFIDAVIT

STATE OF OKLAHOMA)
) ss
COUNTY OF _____)

I, (name) _____, do hereby swear or affirm, pursuant to Oklahoma Statutes, Title 12, Section 426, under penalty of perjury, as follows:

1. I am or my firm is a “party to the collision” in the below described incident, in the following category:

INDICATE BY INITIALS BELOW. By initialing on a category below, you are asserting that this information is true and correct.

- _____ Party involved in the collision (including vehicle owners).
- _____ Person under contract with the insurer to provide claims or underwriting information.
- _____ Licensed insurance agents of party involved in the collision.
- _____ Insurer of a party involved in the collision.
- _____ Insurer to which a party had applied for coverage.
- _____ Licensed private investigator employed by parties to the collision.
- _____ Legal representative of a party involved in the collision.

2. I further swear or affirm, under penalty of perjury, that the motor vehicle collision report 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 report, fall within one of the foregoing categories as required by Oklahoma City Municipal Code Section 43-14.3.
3. I am seeking records related to the following accident: (collision number if known, or describe location and time of accident):

Signed in (City and State) _____ on (Date) _____, _____.

Affiant Signature

Printed Name

Firm Name (if applicable).