



Complete and return by mail or fax along with payment to:  
Georgia Dept. of Transportation  
935 United Ave. SE, Bldg 24  
Atlanta, GA, 30308  
Ph# 404-635-2850 Fax# 404-635-2960

**INDIVIDUAL CRASH REPORT REQUEST**

Today's Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Driver's Date of Birth: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Reporting Agency/Report#: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Requestor's Phone #: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Phone Number and Email: \_\_\_\_\_

**STATEMENT OF NEED**

As set forth in O.C.G.A. § 50-18-72(a)(5), the undersigned requestor is entitled to inspect or copy the Georgia Uniform Motor Vehicle Accident Reports contained within the Georgia Department of Transportation's records and hereby indicates the following statement of need (please check all that apply):

- \_\_\_\_\_ (A) I was a driver of a vehicle involved in the accident;
- \_\_\_\_\_ (B) I own or lease the vehicle and/or property damaged in the accident;
- \_\_\_\_\_ (C) I was injured by the accident and/or was a witness to the accident;
- \_\_\_\_\_ (E) I am the insurer of a vehicle, party, and/or property involved in the accident;
- \_\_\_\_\_ (F) I am an attorney representing a party or witness involved in the accident;
- \_\_\_\_\_ (G) I am a prosecutor or publicly employed law enforcement officer;
- \_\_\_\_\_ (I) I am gathering information as a representative of a news media organization; provided, however, that such representative submits a statement affirming that the use of such accident report is in compliance with Code Section 33-24-53.

\_\_\_\_\_  
Requestor's Signature

**Reports Cost \$5 each. Additional \$2 charge for certified report, if requested.**  
**Please make payment by money order or cashier's check (NO CASH OR PERSONAL CHECKS)**  
**Reports will be provided to requestor by email or mail**