

## **GEARS Technical Support Request Form**

Law Enforcement Agencies in the State of Georgia submitting accident information to the Georgia Electronic Accident Reporting System (GEARS) repository are requested to provide the contact and submission information below.

1.	Agenc	y Information
	a.	Agency Name
	b.	ORI
	c.	Address
	d.	Est. Number of Accidents Reported per Year
	e.	Number of Officers Reporting Accidents
	f.	Number of Computers (laptops and desktops) Used to Report Accidents
2.	Techni	ical Contact (for installation, training, software, hardware and networking support issues)
	a.	Name
	b.	Phone
	c.	Email
3.	Accide	ent Records Administrative Contact (for accident report information and record keeping
	issues)	
	a.	Name
	b.	Phone
	c.	Email
4.	How w	rill your agency be submitting accident information
	a.	GEARS Application □Yes □No
	b.	$3^{rd}$ Party Application $\Box$ Yes $\Box$ No
		- Vendor Name
		- Vendor Contact

Please email to <a href="mailto:gears.support@lexisnexisrisk.com">gears.support@lexisnexisrisk.com</a> or call 866.495.4206

Vendor Phone and Email