



## Individual Request for Crash Report

### Statement of Need Form

Driver's Name (required) \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_

Mailing Address (required) \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Accident (required) \_\_\_\_\_ Reporting Agency \_\_\_\_\_

County in which accident occurred (required) \_\_\_\_\_

I \_\_\_\_\_ (print) request a copy of accident report number \_\_\_\_\_  
for the reason listed below:

- I was involved in the accident
- My property was damaged in the accident
- I was injured in the accident
- My minor child was injured in the accident
- I witnessed the accident
- I am an attorney for one of the parties involved in the accident
- Other (explain)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Request

**PAYMENT: NO PERSONAL CHECKS!**  
Make cashier's check or money order payable to:  
**Georgia Department of Transportation (GDOT)**

**\$5 for each report requested**  
**Additional \$2 to certify report**

**Mail payment to: Georgia Department of Transportation**  
**935 E. Confederate Ave., Bldg. 24**  
**Atlanta, GA 30316**