



Department of Transportation

State of Georgia

935 E. Confederate Avenue, S.W.

Atlanta, Georgia 30316

Fax form to: (404) 635-8116

Request for Crash Data

Contact Information form with fields for Name, Company, Address, City, State, Zip, Phone #, Fax #, E-mail Address, Date Requested, and Date Received.

Location Selection (1) form with fields for County, Route Name/ Number, Mileposts - Beginning, Ending, or Intersecting Streets From, To, or Intersection, and Radius Around Intersection.

Location Selection (2) form with fields for County, Route Name/ Number, Mileposts - Beginning, Ending, or Intersecting Streets From, To, or Intersection, and Radius Around Intersection.

Types of Data form with fields for Detailed Listing - Year(s) of Data, Summary Report - Year(s) of Data, Accident Rates - Year(s) of Data, and Collision Diagram Needed (Yes or No).

Special Criteria (if needed) form with multiple empty rows for additional information.

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