



Individual Request for Crash Report

STATEMENT OF NEED

Driver's Name _____ Date of Accident _____

Location of Accident _____ County _____

Reporting Agency _____

I _____ request a copy of accident report number _____ for the reason listed below.

- I was in an 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) _____

Signature of Recipient

Date of Request

Payment: NO PERSONAL CHECKS!

Make cashiers check or money order to:

\$5 for each report requested.
\$2 added to each report to have it certified

Georgia Department of Transportation

NO PERSONAL CHECKS!

**Mail payment to: Georgia DOT
Crash Reporting Unit
P. O. Box 80447
Conyers, GA 30013**