



DeKalb County Police Department
 Police Records Section
 1960 W. Exchange Place
 Tucker, GA 30084
 (770) 724-7740

MOTOR VEHICLE ACCIDENT REPORT REQUEST FORM

Case Number: _____ Name of Party Involved: _____

Location of Accident: _____

Date of Accident: _____ Time: _____

Requestor Name **(Required)**: _____

Requestor Mailing Address **(Required)**: _____

City _____ State _____ ZIP _____

Requestor Phone Number **(Required)**: _____

OFFICIAL CODE OF GEORGIA SECTION 50-18-72(a)(4.1) STATES THAT GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORTS SHALL NOT BE AVAILABLE IN BULK FOR INSPECTION OR COPYING BY ANY PERSON ABSENT A WRITTEN STATEMENT SHOWING THE NEED FOR EACH SUCH REPORT PURSUANT TO THE REQUIREMENTS OF THIS CODES SECTION. FOR THE PURPOSE OF THIS SUBSECTION, THE TERM "NEED" MEANS THAT THE NATURAL PERSON OR LEGAL ENTITY WHO IS REQUESTING IN PERSON OR BY REPRESENTATIVE TO INSPECT OR COPY THE GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORTS IS CONNECTED IN THE FOLLOWING WAY (PLEASE SELECT ALL THAT APPLY):

- I have a personal, professional, or business connection with a party to the accident (Specify): _____
- I own or lease an interest in property allegedly or actually damaged by the accident.
- I was allegedly or actually injured by the accident.
- I was a witness to the accident.
- I am the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident.
- I am a prosecutor or a publicly employed law enforcement officer.
- I am alleged to be liable to another party as a result of the accident.
- I am an attorney and need the requested reports as part of a criminal case, or an investigation of a potential claim involving contentions that a roadway, railroad crossing, or intersection is unsafe.
- I am gathering information as a representative of a news media organization (Specify Organization): _____
- I am conducting research in the public interest for such purposes as accident prevention, prevention of injuries or damages in accidents, determination of fault in an accident or accidents, or other similar purposes. [This subparagraph only applies to accident reports on accidents that occurred more than 30 days prior to this request and will require to have the name, street address, telephone number and driver license numbers redacted]

By my signature, I hereby affirm that I am entitled to the above listed accident report for the reason marked.

Requestor's Signature **(required)**: _____ Date: _____

To Be Completed by Office Staff:

Processed By: _____