



Forsyth County SHERIFF'S OFFICE

Sheriff Ron H. Freeman

ACCIDENT REPORT REQUEST FORM

To obtain a copy of an accident report please complete the following with as much information as possible:

Case number:

Party(s) involved:

Location:

Date Occurred:

Time:

Please check all that apply

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 purposes 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:

A. Has a personal, professional, or business connection with a party to the accident;

Specify:

B. Owns or leases an interest in property allegedly or actually damaged in the accident:

C. Was allegedly or actually injured by the accident:

D. Was a witness to the accident:

E. Is the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident:

F. Is a prosecutor or a publicly employed law enforcement officer:

G. Is alleged to be liable to another party as a result of the accident:

H. Is an attorney stating that he or she needs 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. Is gathering information as a representative of a news media organization:

J. Is 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: provided, however, this subparagraph will apply only to accident reports on accidents that occurred more than 30 days prior to the request and which shall have the name, street address, telephone number and driver's license number redacted.

Your Name:

Address:

Phone Number:

By my signature, I hereby affirm that I am entitled to the above listed accident report(s) for the reasons marked.

Signature:

Revised: 09-11-0-2