

Coweta County Sheriff's Office
560 Greison Trail
Newnan, GA 30263
Telephone # 770-253-1502
Fax # 770-254-1043

Accident Report Request Form
Statement of need OCGA §50-18-72a

To: Custodian of Records

From:

Full Name:	Address:
Date of request:	Location of accident:

Re: Motor Vehicle Accident Report Number _____

- I was a driver in the accident or I have a personal, professional or business relationship with a party to the accident.
- I own or lease an interest in _____.
- I was allegedly or actually injured by the accident which is the subject of this report.
- I was a witness to the accident which is the subject of this report.
- I am the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident which is the subject of this report.
- 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 which is the subject of this report.
- 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 a representative for _____. I am obtaining access to motor vehicle accident reports for the sole purpose of news media 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.

Signature of recipient

Released by

Date