

MOTOR VEHICLE ACCIDENT REPORT RECORDS REQUEST

Police Department
420 W. Trinity Place
P.O. Box 220
Decatur, Georgia 30031
404-373-6551 • Fax 404-370-4117
scott.richards@decaturga.com



Applicant _____ Application date _____

Applicant mailing address _____

City _____ State _____ ZIP _____

Applicant email address _____ Phone _____

RE: MOTOR VEHICLE ACCIDENT REPORT NO. _____

I have a personal, professional, or business relationship with _____.

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 gathering for my 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.

Requested method of delivery email mail fax personal retrieval:

Applicant signature _____ Title _____

Return this form to Deputy Chief Scott Richards, 420 W. Trinity Place, Decatur, GA 30030

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AGENCY USE ONLY

Requested records subject to release? Yes No

Date received by records officer _____ Date request completed _____

By: _____