



Brookhaven Police Department
 Police Records Department
 2665 Buford Highway
 Brookhaven, GA 30324
 (404) 637-0600

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 Email Address **(Required)**: _____

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):

- Attorney who has a personal, professional, or business connection with a party to the accident
 (Specify): _____
- Involved Party of the accident.
- Witness to the accident.
- Insurer of a party to the accident or of property actually or allegedly damaged by the accident.
- News Media Organization (Specify Organization) _____
- Other (Specify) _____

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: _____