



**CITY OF MCDONOUGH POLICE DEPARTMENT
50 LAWRENCEVILLE STREET
MCDONOUGH, GA 30253
PH: 770-957-1218 FAX: 770-914-1731**

ACCIDENT REPORT REQUEST

ACCIDENT CASE NO: _____
REQUESTOR'S NAME: _____

STATEMENT OF NEED PURSUANT TO O.C.G.A. 50-18-72A (4.1)

PLEASE SELECT ALL THAT APPLY:

- 1 I have a personal, professional or business relationship with _____.
(name and/or agency)
- 2 I own or lease an interest in _____.
(vehicle and/or property)
- 3 I was allegedly or actually injured by the accident which is the subject of this report.
- 4 I was a witness to the accident which is the subject of this report.
- 5 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.
- 6 I am a prosecutor or a publicly employed law enforcement officer.
- 7 I am alleged to be liable to another party as a result of the accident which is the subject of this report.
- 8 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.
- 9 I am a reporter for _____.
(company/agency)
I am obtaining access to motor vehicle accident reports for the sole purpose of news gathering for the newspaper.
- 10 I am conducting research in the public interest for such purposes as accident prevention, prevention or injuries or damages in accidents, determination of fault in an accident or accidents or other similar purposes.

REQUESTOR'S SIGNATURE _____

DATE _____