



SAVANNAH CHATHAM POLICE METROPOLITAN

Chief Joseph H. Lumpkin, Sr.

Statement of Need

Accident Reports:

Pursuant to O.C.G.A. §50-18-72a

Date: _____

To: Custodian of the Record

From: _____

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 part 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.

Signature

Records Unit, P.O. Box 8032, Savannah, Georgia 31412. 912-652-6694. Fax 912-652-6599.

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