

**ROCKDALE COUNTY SHERIFF'S OFFICE  
 GEORGIA MOTOR VEHICLE ACCIDENT REPORT  
 STATEMENT OF NEED**



PLEASE PRINT CLEARLY

RETURN COMPLETED FORM IN PERSON, BY MAIL, BY EMAIL OR BY FAX:	
Rockdale County Sheriff's Office Attn: Records Unit 911 Chambers Drive, Conyers, GA 30012	Fax: 770-785-2494 Email: rcsorecords@rockdalecounty.org Telephone: 770-278-8000

*Completion of this Form is Required for Anyone Not Named in the Accident Report  
 Being Requested, Pursuant to O.C.G.A. § 50-18-72*

PLEASE CHECK ONE	
	I have a personal, professional or business relationship with a party to the accident, who is listed below, which is the subject of this report:
(Involved Party's Name):	
	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 own or lease an interest in the property listed below that was allegedly or actually damaged in the accident which is the subject of this report
(Property):	
	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 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 the news media outlet listed below. I am obtaining access to motor vehicle accident reports for the sole purpose of news gathering for my news media organization.
(News media outlet):	
	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, pursuant to O.C.G.A. § 50-18-72(a)(5).
	I am a governmental official, entity or agency or an authorized agent thereof, requesting reports for the purpose of carrying out governmental functions or legitimate government duties.
By signing, I agree to pay \$5 to the Rockdale County Sheriff's Office, per Georgia Vehicle Accident Report copy, pursuant to O.C.G.A. § 40-6-273.	
Name – Print:	
Name – Signature:	
Date:	