

HALL COUNTY SHERIFF'S OFFICE

RECORDS DIVISION

610 MAIN STREET

GAINESVILLE, GEORGIA 30501

OFFICE 770.531.7076 ~ FAX 770.536.0483

ACCIDENT REPORTS: PURSUANT TO O.C.G.A. § 50-18-72A

Date: _____

To: Custodian of Records

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 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 report 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 damage in accidents, determination of fault in an accident or accidents, or other similar purposes.

Signature

Address: _____

Phone No.: _____
