

CHAMBLEE POLICE DEPARTMENT
STATEMENT OF NEED FOR VEHICLE ACCIDENT REPORT

_____			_____	
Date of Request			Case Number (if known)	
_____			_____	
Name of Requester			Phone Number	
_____			_____	
Requester's Address	Suite/Apt. #	City	State	Zip
_____			_____	
Person or Entity Named in Report			Birth Date OR Driver's Lic Num	
_____			_____	
Accident Location			Accident Date	

Pursuant to O.C.G.A. § 50-18-72(a)(4.1) a written statement of need is required for obtaining copies of vehicle accident reports.

Please check the item(s) that apply:

- You are a person or entity whose name or identifying information is contained in the Georgia Uniform Motor Vehicle Accident Report, or the lawyer or other representative of such a person.
- You have a personal, professional, or business connection with a party to the accident.
- You own or lease an interest in property allegedly or actually damaged in the accident.
- You were allegedly or actually injured by the accident.
- You were a witness to the accident.
- You are the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident.
- You are a prosecutor or a publicly employed law enforcement officer.
- You are alleged to be liable to another party as a result of the accident.
- You are an attorney stating that he or she needs 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.
- You are gathering information as a representative of a news media organization.
- You are 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.