



PUTNAM COUNTY SHERIFF'S OFFICE  
ACCIDENT REPORT STATEMENT OF NEED  
(pursuant to OCGA 50-18-72a)

REQUESTER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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 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 reports as a 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 new media organization
- I am conducting research in the public interest for such purposes as accident prevention, prevention of injuries or damages in accident, determination of fault in an accident or accidents or other similar purposes
- 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 governmental duties.

\_\_\_\_\_  
Signature of requester

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(do not write below this line - for PCSO use only)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned by: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_