BUYCRASH.COM
Making Your Life Easier.

Please complete this form, sign it, and mail certified check or money order for $5 ($7 for certified report) along with a self-addressed, stamped envelope to:

LexisNexis Coplogic Solutions Inc.
15 Industrial Drive
Martinsville, IN 46151

(Note: requests without certified checks or money orders or without self-addressed, stamped envelopes will not be fulfilled)

STATEMENT OF NEED – INVOLVED PARTY
GEORGIA VEHICLE ACCIDENT REPORT
MAIL-IN REQUEST FORM

Accident Information (please fill out as completely as possible):

_____
Report Number (if known)

_____
Person or Entity Named in Report

_____ _____
Police Agency Date of Accident

I request a copy of accident report for the reason listed below (check one):

- ☐ I was involved in the accident.
- ☐ My property was damaged in the accident.
- ☐ I was injured in the accident.
- ☐ My minor child was injured in the accident.
- ☐ I witnessed the accident.
- ☐ I am an attorney for one of the parties involved in the accident.
- ☐ Other (explain)

_____

_____

_____

_____ _____
Requester's Printed Name Entity/Business Represented

_____ _____
Requester's Signature **Address**

_____ _____
(Area Code) Telephone Number **City, State, Zip Code**