

South Carolina Department of Motor Vehicles Request for Copy of Collision Report

FR-50 (Rev. 05/19)

Complete this form with as much information as possible. This is a two page document because the SCDMV wants two copies of your request. If you complete the first page electronically before printing, the same information will automatically populate on the second page. Your signature will not automatically duplicate on the second page, so please sign both pages.

Research Fee: \$6.00 per report	Date:	
Enter your name and/or business nam	e and mailing address in the box below.	
		REQUEST RECEIVED:
COLLISION INFORMATION		A copy of this report is enclosed, unless otherwise indicated below:
COLLISION IN ORMATION		unless otherwise indicated below.
Date of Collision	County	☐ We suggest that the driver's names, driver license numbers,
DRIVER(S) INFORMATION		and the date of the collision be
		reviewed for accuracy.
Dist Disselv E. II Nove	Bird Liver North (Cont.	☐ Return request with check in
Print Driver's Full Name	Driver's License Number / State	the amount of \$6.00, payable
		to SCDMV.
Print Driver's Full Name	Driver's License Number / State	Our system indicates a cash alert on file. We cannot accept
REPORT INFORMATION		cash through the mail. Please
		take your request into an SCDMV office to pay with
FR-10 No.	Case No	cash.
REQUESTOR'S INFORMATION	(ii Miewi)	☐ The requested collision report
		is currently not on file. Please resubmit this original copy at a
Your Driver's License No. License	sing State Your Phone Number	later date to be rechecked.
	3	
Vous CCDM/ Duninger Associat Num	mber Your Claim or File Number	
Your SCDMV Business Account Nur (if applicable)	fiber Your Claim of File Number (if applicable)	
Your Printed Name	Your Signature	

You may take your request into any SCDMV office and pay the research fee with cash, credit/debit card, check, or money order. Your other option is to mail the two copies along with a **check** made payable to the **SCDMV** to the address below.

SC DEPARTMENT OF MOTOR VEHICLES

Titles Mail-in Unit FR-50 P.O. Box 1498 Blythewood, SC 29016-0050



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D	•	N/a average that the driver's
Date of Collision	County	We suggest that the driver's names, driver license numbers,
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Print Driver's Full Name	Driver's License Number / State	Return request with check in the amount of \$6.00, payable
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Print Driver's Full Name	Driver's License Number / State	☐ Our system indicates a cash
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FR-10 No.	Case No.	SCDMV office to pay with cash.
REQUESTOR'S INFORMATION	(if known)	☐ The requested collision report
REGOLOTOR O IN ORMATION		is currently not on file. Please
Your Driver's License No. Licens	in a Chata Waya Dhaga Niyashan	resubmit this original copy along with the attached receipt
Your Driver's License No. Licens	ing State Your Phone Number	at a later date to be rechecked.
Your SCDMV Business Account Num (if applicable)	ber Your Claim or File Number (if applicable)	
(app	(5,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	
Your Printed Name	Your Signature	

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