



South Carolina Department of Motor Vehicles

REQUEST FOR COPY OF OFFICER'S REPORT

FR-50
(Rev. 03/18)

Please complete form with as much information as possible and return with 2 copies with a check payable to the SC Department of Motor Vehicles. (NOTE: Your signature will not automatically duplicate on the second page. Please sign both pages.)

Research Fee: \$6.00 per report

Date: _____

Complete your name and/or business name and mailing address in the box below.

REQUEST RECEIVED:

A copy of this report is enclosed, unless otherwise indicated below:

- We suggest that the driver's names, driver license numbers, and the date of the accident be reviewed for accuracy.
- Return request with check in the amount of \$6.00, payable to the S.C. Department of Motor Vehicles.
- Our system indicates a cash alert on file. (Please contact your local DMV or (803) 896-5000.)
- The requested report is currently not on file. (Please resubmit this original copy along with the attached receipt at a later date to be rechecked.)

COLLISION INFORMATION

Date of Collision _____ Account No. _____

County _____

DRIVER(S) INFORMATION

Print Full Name Driver Lic. Number / State

Print Full Name Driver Lic. Number / State

REPORT INFORMATION

Claim or File No. _____ FR-10 No. _____

Case No. _____

REQUESTOR INFORMATION

DL # Phone # State

Requestor's Printed Name Requestor's Signature

Please send both copies of this form to the below address:

SC DEPARTMENT OF MOTOR VEHICLES
Titles Mail-In Unit—FR-50
P.O. Box 1498
Blythewood, SC 29016-0050



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