



# South Carolina Department of Motor Vehicles

## Request for Copy of Collision Report

**FR-50**  
(Rev. 03/2020)

You may be able to request a copy of a collision report online without having to complete this form or visit a branch office. <http://www.scdmvonline.com/Vehicle-Owners/Collision-Reports>. The request fee is **\$6.00 per report**.

If completing this form, provide 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.*

Enter 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 collision be reviewed for accuracy.
- Return request with check in the amount of \$6.00, payable to **SCDMV**.
- Our system indicates a cash alert on file. We cannot accept cash through the mail. Please take your request into an SCDMV office to pay with cash.
- The requested collision report is currently not on file. Please resubmit this original copy at a later date to be rechecked.

**COLLISION INFORMATION**

Date of Collision \_\_\_\_\_ County \_\_\_\_\_

**DRIVER(S) INFORMATION**

Print Driver's Full Name \_\_\_\_\_ Driver's License Number / State \_\_\_\_\_

Print Driver's Full Name \_\_\_\_\_ Driver's License Number / State \_\_\_\_\_

**REPORT INFORMATION**

FR-10 No. \_\_\_\_\_ Case No. \_\_\_\_\_  
*(if known)*

**REQUESTOR'S INFORMATION**

Your Driver's License No. \_\_\_\_\_ Licensing State \_\_\_\_\_ Your Phone Number \_\_\_\_\_

Your SCDMV Business Account Number \_\_\_\_\_ Your Claim or File Number \_\_\_\_\_  
*(if applicable)* *(if applicable)*

Your Printed Name \_\_\_\_\_ Your Signature \_\_\_\_\_

Date \_\_\_\_\_

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  
PO Box 1498  
Blythewood, SC 29016-0050



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