

**CITY OF CLEVELAND
POLICE DEPARTMENT**

Physical Address
133 WEST KYTLE STREET
CLEVELAND, GA 30528

Administrative Line: 706-348-7078
Fax: 706-865-9124

Mailing Address
85 SOUTH MAIN STREET
CLEVELAND, GA 30528

ACCIDENT REPORT REQUEST

Pursuant to O.C.G.A. § 50-18-72a(5) et seq.

Re: Report Case #: _____

Date of Accident _____

Name of person(s) involved (**print**): _____

Location of Accident (**print**): _____

Check one of the following:

- I am the complainant, victim, or offender.
- I have a personal, professional, or business relationship with _____. This person is my _____ (spouse, son, daughter, business partner, employee, etc.)
- I own or lease an interest in _____.
- I was allegedly or actually injured by the accident which is subject to this report.
- I was a witness to the incident, 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 during the incident, which is the subject of this report.
- I am a prosecutor or a publicly employed law enforcement officer who needs this report for official use.
- I am alleged to be liable to another party as a result of the incident, which is subject of this report.
- I am an Attorney (**Bar#:** _____) and need the requested report(s) as 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 report(s) for the sole purpose of news gathering for my news media organization, and I affirm the use of the accident report is in compliance with O.C.G.A. §33-24-52.
- I am conducting research in the public interest for such purposes as accident prevention, prevention or injuries or damages in accidents, determination of fault in an accident(s), or other similar purposes.

I understand that the above requested report(s) may be in the process of being completed by the Police Officer(s) and or approved by the Police Chief. I also understand there will be a fee of \$5.00 assessed for research and copying. I also understand that this request will be processed within 3 business days from the date the request is submitted back to this office. I also understand that I have 90 days from the date my request is filled to pick up my information, if I do not pick up my requested information within 90 days from date of request I must start the request process again. This is for the paper report only. Other charges may apply for additional information, such as video, photos, etc.

Date **requested**: _____

Requested by (**print your name**): _____ Signature: _____

Contact Phone Number: _____

Date **received**: _____

Requested by (print your name): _____ Signature: _____

If you wish for someone other than yourself to pick up your requested report print there name here _____.
The person picking up the report must present a valid photo I.D. in order to pick up the report.