



South Carolina Department of Motor Vehicles REQUEST FOR COPY OF OFFICER'S REPORT

FR-50
(Rev. 5/07)

Please complete form and return with a check payable to the S.C. Department of Motor Vehicles.
Research fee: \$6.00 per report.

DATE: _____

COMPLETE YOUR NAME AND MAILING ADDRESS IN
THE WINDOW SPACE BELOW.

DATE OF ACCIDENT _____ ACCOUNT NO. _____

COUNTY _____

DRIVERS

PRINT FULL NAME DRIVER LIC. NUMBER-STATE

PRINT FULL NAME DRIVER LIC. NUMBER-STATE

CLAIM OR FILE NO. _____ FR-10 NO. _____

REQUESTOR'S PRINTED NAME

REQUESTOR'S SIGNATURE ACCIDENT CASE NUMBER

REQUEST RECEIVED:

REPLY

DATE _____

INITIAL _____

COPY OF THIS REPORT IS ENCLOSED UNLESS OTHERWISE INDICATED BELOW:

- OUR RECORDS INDICATE THAT NO OFFICER'S INVESTIGATION WAS MADE OF THIS ACCIDENT.
- OFFICER'S REPORT NOT ON FILE. WE SUGGEST THAT THE DRIVER'S NAMES, DRIVER LICENSE NUMBERS, AND THE DATE OF THE ACCIDENT BE REVIEWED FOR ACCURACY.
- INDICATE NAME OF COMPANY AND/OR ACCOUNT NUMBER ON REQUEST.
- RETURN REQUEST WITH CHECK IN THE AMOUNT OF \$6.00 PAYBALE TO THE S.C. DEPARTMENT OF MOTOR VEHICLES.
- MAKE CORRECTIONS ON THIS FORM AND RETURN TO THE DEPARTMENT.
- IF YOU REQUEST THE SAME REQUEST LATER, PLEASE SUBMIT A NEW REQUEST.

**SC DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY OFFICE
PO BOX 1498
BLYTHEWOOD, SC 29016-0040**

Please send both copies of this form to the South Carolina Department of Motor Vehicles.



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