

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. REQUEST RECEIVED: **DATE:** _____ COMPLETE YOUR NAME AND MAILING ADDRESS IN THE WINDOW SPACE BELOW. **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 **DATE OF** DRIVER'S NAMES, DRIVER ACCIDENT _____ ACCOUNT NO. ____ LICENSE NUMBERS, AND THE DATE OF THE ACCIDENT BE REVIEWED FOR ACCURACY. INDICATE NAME OF COMPANY AND/OR ACCOUNT NUMBER ON **DRIVERS** REQUEST. PRINT FULL NAME DRIVER LIC. NUMBER-STATE RETURN REQUEST WITH CHECK IN THE AMOUNT OF \$6.00 PAYABLE TO THE S.C. DRIVER LIC. NUMBER-STATE PRINT FULL NAME DEPARTMENT OF MOTOR VEHICLES. MAKE CORRECTIONS ON THIS **CLAIM OR** FORM AND RETURN TO THE FILE NO. FR-10 NO. DEPARTMENT. IF YOU REQUEST THE SAME REQUEST LATER, PLEASE SUBMIT A NEW REQUEST. REQUESTOR'S PRINTED NAME

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

REQUESTOR'S SIGNATURE

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

ACCIDENT CASE NUMBER



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