



South Carolina Department of Motor Vehicles

Request for Copy of Collision Report

FR-50
(Rev. 05/19)

Complete this form with 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.*

Research Fee: \$6.00 per report

Date: _____

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

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

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.

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
P.O. Box 1498
Blythewood, SC 29016-0050



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