



# 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**

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