



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 SIGNATURE _____ ACCIDENT CASE NUMBER _____

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

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 PAYABLE TO THE S.C. DEPARTMENT OF MOTOR VEHICLES.

MAKE CORRECTIONS ON THIS FORM AND RETURN TO THE DEPARTMENT.

IF YOU REQUEST THE SAME REPORT LATER, PLEASE SUBMIT A NEW REQUEST.

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



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 SIGNATURE _____ ACCIDENT CASE NUMBER _____

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

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 PAYABLE TO THE S.C. DEPARTMENT OF MOTOR VEHICLES.

MAKE CORRECTIONS ON THIS FORM AND RETURN TO THE DEPARTMENT.

IF YOU REQUEST THE SAME REPORT LATER, PLEASE SUBMIT A NEW REQUEST.

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