

Please complete and sign this form**CERTIFIED CHECK or MONEY ORDER**
for \$5.00 made payable to:**LexisNexis Risk Solutions***(NO personal checks accepted)*

Mail your request and payment to:

**LexisNexis Coplogic Solutions, Inc.
15 Industrial Drive
Martinsville, IN 46151******For a certified report, please contact the Georgia Department of Transportation Office of Legal Affairs******Preferred Method of Delivery (select one)**

- US Mail** *(For US Mail, please include a self-addressed, stamped envelope with your request)*
- Email** _____
- Fax** (____) _____ - _____

Connection to Accident (Select one)

- I was involved in the accident
- My property was damaged in the accident
- I was injured in the accident
- My minor child was injured in the accident
- I witnessed the accident
- I am an attorney for one of the parties involved in the accident
- Other (explain) _____

Crash Information*(Note: ALL information must be filled out in order for your request to be fulfilled)*

Name of an Involved Party _____

Report#, DL#, or VIN# _____

Agency _____ Date of Crash ____/____/____

Requester Information

Name (Individual or Organization) _____

Address _____

City/State/Zip _____ Phone (____) _____ - _____

Signature _____ Date ____/____/____