



COBB COUNTY POLICE DEPARTMENT

140 North Marietta Parkway
Marietta, Georgia 30060-1454
770.499.3900 • fax: 770.499.4195
www.cobbpolice.com

M.J. Register *Chief of Police*

C.T. Cox *Deputy Chief of Police*

E.S. VanHoozer *Deputy Chief of Police*

Accident Request

Involved Party Only Complete this section.....

Name appearing on report _____

Case Number _____ Date of Accident _____

Location _____

Contact Phone Home _____ Cell _____ Other _____

Non-involved Party Complete this section.....(Please be aware there is \$5.00 fee for accident reports)

Accident Report Statement of Need Pursuant to O.C.G.A. Section 50-18-72(5)

I, _____, having need of the Accident Report listed below, certify that I have the relationship of _____ or need of the Report for the reason of _____

I further certify that the Report(s) and information therein will not be transferred to any other individual or group.

Name Appearing On Report _____

Case Number _____ Date of Accident _____

Location _____ Time of Accident _____

Signature _____ Date _____

Contact Phone Home _____ Cell _____ Other _____

DO NOT WRITE BELOW THIS LINE

To Be Completed By Office Staff:

The above request is not available pursuant to OCGA 50-18-72(a)(5)

The above request is available pursuant to OCGA 50-18-72(a)(5) in accordance with subsection (_____).

Signed _____

Date _____