



# South Carolina Department of Motor Vehicles

## Request for Copy of Collision Report

**FR-50**  
(Rev. 07/2025)

You may be able to request a copy of a collision report online without having to complete this form or visit a branch office. <http://www.scdmvonline.com/Vehicle-Owners/Collision-Reports>. The request fee is **\$10.00 per report**.

If completing this form, provide 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.*

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

**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 \$10.00, 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.

**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 \_\_\_\_\_

\_\_\_\_\_  
Date

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  
PO Box 1498  
Blythewood, SC 29016-0050

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