



South Carolina Department of Motor Vehicles Request for Copy of Collision Report

FR-50
(Rev. 01/2026)

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://dmv.sc.gov/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.

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

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.

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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