



# City of Ringgold

150 Tennessee Street  
Ringgold, GA 30736

Office (706) 935-3061  
Fax (706) 965-7446

## RINGGOLD POLICE DEPARTMENT Accident Request Form

I \_\_\_\_\_ request a copy of accident report

Number \_\_\_\_\_ for the reason(s) listed below:

- I was 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 was not in the accident)
- I am an attorney for one of the parties involved in the accident
- This was an incident (not an automobile accident)
- Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodian Releasing Record

\_\_\_\_\_  
Date

- This was a request by mail