



WALKER COUNTY SHERIFF'S OFFICE

105 S. Duke St
Lafayette, Georgia 30728
(706) 638-1909
(706) 638-6398 Fax
www.walkerso.com

SHERIFF: STEVE WILSON
CHIEF DEPUTY: MIKE FREEMAN
RECORDS: SGT BARRETT

RECORDS REQUEST

Request Date: _____

☐ Incident (Type of Incident: _____), ☐ Vehicle Accident

Case Number: _____ Date of Report: _____

Location of Incident/Accident: _____

Name of Individual on Report: _____ Date of Birth: _____

Your Name: _____

How are you Involved? ☐ Victim, ☐ Suspect, ☐ Complainant, ☐ Driver, ☐ Passenger, ☐ Witness,

☐ Attorney / Insurance Agency, ☐ News Agency, ☐ Other _____

Contact Phone Number: _____

E-mail: _____

(Pursuant to OCGA 50-18-71 (b)(1)(A) You will be notified within three (3) business days)

Report fees and retrieval: **1)** 50-18-71(c)(1) and (2) The first fifteen minutes of review, redacting, and/or copying is free. After fifteen minutes, a fee of **\$26.81** (unless otherwise noted below) will be assessed per hour in addition to copying fees. Ten (10) copied pages or more will be 10¢ each. **2)** Records to be mailed will be standard copying fee plus postage. **3)** Reports will be sent by e-mail when possible (if provisions are met in accordance with OCGA 50-18-72(a)(20)(B)(v). **4)** OCGA 40-9-30 \$5.00 accident report fee for non-involved parties. **5)** Pursuant to OCGA 50-18-96(g) videos from officers' in-car cameras or body-worn cameras (BWC) are \$10.00 each.

The Walker County Sheriff's Office records custodian reserves the right to waive fees at their discretion.



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Accident Reports for Non-Involved Party Complete this Section

(Please be aware there is a \$5.00 fee for accident reports for parties not involved, not an attorney, or insurance representee)

Accident Report Statement of Need Pursuant to OCGA 50-18-72(5)

I, _____, having need of the accident report from (list case number or incident date) _____, certify that I have the relationship of (how are you related or representing the involved parties of the accident) _____ or need of the report for the reason of (why do you need the report)

_____.

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

Signature x _____



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OFFICE PERSONNEL ONLY

After review of the above request, the report will or will not be released under the following provisions:

- ☐ **Full Copy** – Open for release with limitations pursuant to OCGA 50-18-72(a)(20); 50-18-72(a)(21)(A) thru (E).
- ☐ **Initial Copy** / ☐ **Arrest Copy** – Initial report only pursuant to OCGA 50-18-72(a)(4) and with limitations pursuant to OCGA 50-18-72(a) (20); 50-18-72(a) (21) (A) thru (E). When the report is regarding an active investigation or arrest or an open court case, you will only have access to the initial reports made by responding officers. This does not include videos, supplemental reports, photographs, or other information. Also, the same items listed above for the full report will be redacted.
- ☐ **Cannot** be released pursuant to OCGA
 - ☐ 49-5-40(b) involves child abuse or child neglect
 - ☐ 49-5-41.1 involves a juvenile violation of controlled substance
 - ☐ 15-11-708(b) involves juvenile offenders in juvenile court
 - ☐ 35-3-30 this report is unavailable because an arrested party had the arrest record expunged. You will need to contact the prosecuting attorney or present a court order by a court of record of this state
- ☐ **Victim / Involved party information removed** 50-18-72(a)(3) protect involved parties when there is reason to believe they could be in danger of harm
- ☐ **Other** _____

Notes:

Signature of Records Custodian:

Date:
