

**SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM**

I am requesting the following public records pursuant to the **South Carolina Freedom of Information Act** (S.C. Code 30-4-10 through 30-4-165)

STEP 1 - PROVIDE REQUESTOR INFORMATION (REQUIRED)

NAME _____ DATE _____
ORGANIZATION _____
ADDRESS _____
CITY _____ ZIP _____
TELEPHONE _____ EMAIL _____

STEP 2 - PROVIDE DETAILS FOR THE COLLISION/ INCIDENT FOR WHICH YOU ARE SEEKING RECORDS

** If you are requesting documents relating to a **motor vehicle collision**, you must attach a copy of the Collision Report (TR-310), which may be obtained directly from the S.C. Department of Motor Vehicles www.scdmvonline.com.*

1. Date of Collision/Incident* _____
2. County of Collision/Incident* _____
3. Name(s) of Person(s) involved * _____
4. Roadway/Location of Collision/Incident _____
5. Name of Investigating Officer _____
6. M.A.I.T. Case Number _____
7. Dispatch Call/Log – (indicate the time of the call) _____

STEP 3 - IN DETAIL BELOW, PLEASE INDICATE THE RECORDS YOU ARE REQUESTING (REQUIRED)

** Fees for records: <http://www.scdps.gov/comm/foia/prices.asp>

All requests for information under the Freedom of Information Act should be addressed to: FOIA@scdps.gov

FOIA Officer
SC Department of Public Safety
PO Box 1993
Blythewood, SC 29016
803-896-7759