



MAILTO: STRATHAM, NH POLICE DEPARTMENT
76 Portsmouth Ave.
Stratham, NH 03885

REQUEST FOR ACCIDENT REPORT

Clear photocopy of valid State or Federal issued picture ID must accompany each request

Today's Date:	Date of Accident:	Location of Accident:	
Name:		DOB:	
Address:		City, State, Zip:	
Work/Day Phone #:	Evening Phone:	Cell Phone:	
Pursuant to Driver Privacy Act RSA 260:14, III, for accident report request ONLY, please check:			
You are the			
<input type="checkbox"/> Owner of involved vehicle			
<input type="checkbox"/> Operator of involved vehicle			
<input type="checkbox"/> Passenger in involved vehicle			
<input type="checkbox"/> Pedestrian hit by involved vehicle			
<input type="checkbox"/> Owner of property damaged as a result of the accident			
<input type="checkbox"/> Insurance agent Company Name: _____			
_____ Your Signature		_____ Date	
<u>PAYMENT:</u>			
The cost for the report is \$15.00. NO CASH will be accepted; payment must be made with a check or money order made payable to "Town of Stratham".			

OFFICIAL USE ONLY

Date Received: _____		Date Released/Sent: _____	
Type of Request: <input type="checkbox"/> Walk-In Request <input type="checkbox"/> Mail-In Request			
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State Issued Photo ID <input type="checkbox"/> Valid Military ID (Attach copy)			
<input type="checkbox"/> Valid Passport <input type="checkbox"/> Other (specify) _____			
ID Number: _____		Request Completed By: _____	
Amount of Payment Received: \$ _____		Check or Money Order #: _____	
<input type="checkbox"/> Request Denied Reason: _____ Signature: _____			