



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:	Case #: (If available)
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

- Owner of involved vehicle
- Operator of involved vehicle
- Passenger in involved vehicle
- Pedestrian hit by involved vehicle
- Owner of property damaged as a result of the accident
- Insurance agent Company Name: _____

Your Signature

Date

PAYMENT:

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".

NOTE: If the item(s) you requested is/are not claimed within 30 days from the day you are notified, the item(s) will be destroyed and a new request will be necessary.

OFFICIAL USE ONLY

Date Received: _____ Date Released/Sent: _____ Case # _____

Type of Request: Walk-In Request Mail-In Request Email Request

Type of Identification: Valid Photo Driver License State Issued Photo ID Valid Military ID
(Attach copy)

Valid Passport Other (specify) _____

ID Number: _____ Request Completed By: _____

Amount of Payment Received: \$ _____ Check or Money Order #: _____

Request Denied Reason: _____ Signature: _____