



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: <input type="checkbox"/> Walk-In Request <input type="checkbox"/> Mail-In Request <input type="checkbox"/> Email 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: _____		