MAIL OR FAX TO: Hillsboro Police Department
RECORDS DIVISION
Po Box 1489
Hillsboro, NH 03244
Fax: (603)464-6052

REQUEST FOR ACCIDENT/INCIDENT REPORT

PLEASE TYPE OR PRINT CLEARLY
Clear photocopy of valid State or Federal issued picture ID must accompany each request

Request for: ☐ **Accident Report** **#** _____
☐ **Incident Report** **#** _____

Date of accident/incident _____
Location of accident/incident _____

Name:_____
LAST (MAIDEN) FIRST MI

Address:_____
STREET CITY STATE ZIP

Date of Birth:_____ Social Security Number:_____

Day phone number _____

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

Reason for request or additional information that will be helpful in researching this request:

Your Signature: _____

OFFICIAL USE ONLY
Date Received: _____ Date Released/Sent: _____

Type of request: ☐ walk-in request ☐ mail-in request ☐ faxed request
Type of Identification: ☐ Valid Photo Driver License ☐ State issued Photo ID ☐ Valid Military ID
☐ Valid Passport ☐ Other (specify) _____

ID Number: _____
Request completed by: _____