

NEWPORT POLICE DEPARTMENT
RECORDS DIVISION
59 MAIN STREET
NEWPORT, NH 03773
FAX: (603) 863-1372

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 _____

Your name: _____

Your address: _____

Your date of birth: _____ Daytime 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

Description of incident report(s) requested: dates, type of incident, etc.....

By submitting this request, you are asking for the type of Police Report indicated. Your request will be processed as soon as possible. In the event the report is not complete or the Department is awaiting additional information, your wait time could total 7 – 14 days. **\$5.00 to be paid at time of request for up to first five pages. Balance due at time of pick up.**

You will be notified when the report is ready to be picked up.

\$5.00 TO BE PAID AT TIME OF REQUEST

FEE SCHEDULE:	Accident Reports	\$10.00
	Incident Reports	\$ 5.00 up to 5 pages
		\$.50 cents per page thereafter
	Photos	\$ 5.00 per photo page
	Disc w/photos	\$25.00

Your Signature _____ Date: _____

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) _____
Call Number: _____
Request completed by: _____

BALANCE DUE AT TIME OF PICK UP _____

PAID IN FULL _____