



Town of Milford

POLICE DEPARTMENT

19 Garden Street
Milford, NH 03055
603-249-0630

Michael J. Viola
Chief of Police



REQUEST FOR ACCIDENT REPORT

PLEASE TYPE OR PRINT CLEARLY

Date of Accident _____

Location of Accident _____

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Phone Number: _____

Pursuant to Driver Privacy Act RSA 260:14, III, 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
 ☐ legal guardian of person involved in accident

All requests under RSA 91-A (Right-to-know Law) shall be issued within five (5) business days or the person requesting said information shall be informed in writing why the information is being withheld.

****COST: \$0.50 per page / \$25.00 per Electronic Media****

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's License ☐ State issued photo ID

☐ Valid Military ID ☐ Valid Passport ☐ Other _____

Redacted Information (check one): ☐ yes ☐ no

Reason (check one): ☐ Invasion of Privacy, ☐ Juvenile Matter, ☐ Confidentiality Issue

(Rev. 8/2017)

EQUAL AND EXACT JUSTICE TO ALL