



Carroll Police Department

102 School Street, P.O. Box 203

Twin Mountain, NH 03595

Office: (603) 846-2200, Fax: (603) 846-2201



REQUEST FOR POLICE REPORT

Date of Request: _____

I would like to request a copy of the following report(s), and understand that the charge for reports as set forth by the Town of Carroll is _____, depending on the length and method of delivery of the report. Please note that there is no charge to Town residents for any report, nor to victims or their advocates for reports that are domestic violence related. **If this request is for a report that is domestic violence related, please include your court date or the date you need this by:** _____.

Request for: Accident Report # _____ Arrest Report # _____
 Incident Report # _____ Call for Service # _____

Date of Accident/Incident/Arrest/Call: _____

Location of Accident/Incident/Arrest/Call: _____

Name: _____
Last (Maiden) First MI

Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Daytime Phone Number: _____

Pursuant to the New Hampshire Driver Privacy Act RSA 260:14, III, for accident report requests 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 your request or additional information that will be helpful in researching this request:

Printed Name

Signature

POLICE DEPARTMENT USE ONLY

Date Received: _____ Date Released/Mailed: _____

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

Request completed by: _____ Date: _____