

REQUEST TO PURCHASE A COPY OF A POLICE ACCIDENT REPORT

(Request must be made by mail)

Instructions:

1. Enclose the following: A self-addressed stamped envelope
2. Mail this completed form with the above items to:
RED HOOK POLICE DEPARTMENT
7467 SOUTH BROADWAY
RED HOOK, NY 12571
3. Allow at least 14 business days for processing

PART A (To be completed by Police Member)

OFFICER: _____

DATE OF ACCIDENT: _____

LOCATION: _____

Insurance Code Car 1 _____

Insurance Code Car 2 _____

Insurance Code Car 3 _____

Insurance Code Car 4 _____

VILLAGE/TOWN _____

ROAD NAME or ROUTE NO. _____

Car 1 – Operator _____ Owner _____

Car 2 – Operator _____ Owner _____

Car 3 – Operator _____ Owner _____

Car 4 – Operator _____ Owner _____

PART B (to be completed by person requesting photocopy of accident report)

NAME: _____

STREET: _____

CITY: _____

STATE & ZIP: _____

PHONE NO.: _____