



Mansfield Township Police Department

P.O. Box 177
Columbus, NJ 08022
(609) 298-4411

Community * Duty * Integrity

Richard C. Bendel
Director of Public Safety

REQUEST FOR MOTOR VEHICLE ACCIDENT REPORT

Many police records are restricted from public access or examination. If you are involved in a motor vehicle accident, we will make every effort to assure that you receive the information you need. In order for us to process your request, the following information must be completed and submitted to us. Omission of any of the requested information may result in a delay in completion of your request, or, the denial of your request until the required information is provided. After the receipt of this request form and the appropriate fee, the information will be provided to you.

Attorneys or insurance companies of individuals involved in a motor vehicle accident are to attach a brief statement, on their letterhead, requesting this information.

Name: _____
First Last

Address: _____
Street
Town State Zip Code

Drivers License Number: _____ State: _____

Date of Birth: _____

Phone # : _____
Daytime Nighttime

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Reason for Request: _____

Preferred Delivery Method: Pick-up
Mail
Fax Fax #: _____

Signature: _____ Date: _____

FEE SCHEDULE:

\$0.75 per page for each of the first 10 pages

\$0.50 per page for page 11 through 20

\$0.25 per page for all pages over 20

\$5.00 Mailing fee for all reports sent by U.S. Mail

Photos will be photocopied. Actual photo reproductions will be prepared upon separate request and advance payment for actual cost of reproduction will be required.

Payment must be made by check or money order ONLY.