



Cape May Police Department
Accident Report Request Form

Requestor Information- Please Print:

First Name: _____ Last Name: _____

Date of Accident: _____

Location of Accident: _____

Mailing Address: _____

Copy of one (1) form of Identification including a picture (Drivers License, Photo ID, Passport)

Form must be accompanied by a Check/Money Order for: \$5.00
(made payable to *City of Cape May*)

Please return Form/Payment along with a self-addressed stamped envelope

to the: Cape May Police Department
Records Office
643 Washington St
Cape May, NJ 08204