



Deval L. Patrick, Governor
 Richard A. Davey, Secretary & CEO
 Celia J. Blue, Registrar



Request for Copy of Crash Report

**Mail:
 Accident/Crash Records
 P.O. Box 55889
 Boston, MA 02205-5889**

For your request to be processed:

- Completely fill out the form.
- Please allow at least 4 weeks from the date of the accident before submitting your request.
- Please allow 4 weeks for processing your request.
- Submit a \$20 search fee, for each request, payable to MassDOT.
 (Search fee is non-refundable.)

Name of Requestor: _____

Requestor's Address: _____

Type of Report Being Requested: _____ Police: _____ Operator: _____

Date of Accident/Crash: _____

City/Town where Accident/Crash occurred: _____

Please print the information for each driver involved in the accident:

Driver 1 Name: _____
Driver's License Number/State: _____
Plate Number/State: _____

Driver 2 Name: _____
Driver's License Number/State: _____
Plate Number/State: _____

Please send a check made payable to MassDOT and this completed form to:

**RMV
 Accident/Crash Records Department
 PO Box 55889
 Boston, MA 02205-5889**