



Charles D. Baker, Governor  
 Karyn E. Polito, Lieutenant Governor  
 Stephanie Pollack, Secretary & CEO  
 Erin C. Deveney, 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: _____
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Driver 2 Name: _____ Driver's License Number/State: _____ Plate Number/State: _____
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**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**