Request for Copy of Crash Report

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