



The Commonwealth of Massachusetts
Executive Office of Transportation
Registry of Motor Vehicles

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

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 the RMV.
(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 the RMV and this completed form to:

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