



## Traffic and Safety Engineering Section

## Crash Data File Request Form

NOTE: Before using this form, please try using the MassDOT IMPACT Portal:

<a href="https://apps.impact.dot.state.ma.us/cdp/home">https://apps.impact.dot.state.ma.us/cdp/home</a>

You may be able to obtain the data you want immediately!

Date of Request:
City or Town (may request more than one):
Years of Data:
O Latest Year
O Latest Three Years
Other:
Your Name:
Company or Agency:
Address:
Daytime Telephone:
Preference for receiving crash data:
O Email Address:
<ul> <li>CD-ROM (please include a blank CD-ROM with self-addressed, postage- paid return envelope)</li> </ul>

Send completed form to <a href="mailto:DOT.CrashDataRequest@dot.state.ma.us">DOT.CrashDataRequest@dot.state.ma.us</a> or mail a paper copy of this completed request to:

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