



# Request for Copy of Crash Report

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

## A. Requirements and Instructions

For your request to be processed, allow at least 4 weeks from the date of the accident before submitting your request:

- Complete and sign the form.
- Mail the completed form and \$20 check or money order, for each request, payable to MassDOT to address at top of form (This fee is non-refundable.)

Please allow 4 weeks for processing your request.

## B. Requestor Information

Last Name		First Name	Middle Initial	Suffix
Address				
Street		City	State	Zip Code
Email			Phone #	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## C. Accident Information

Type of Report-Requested <input type="checkbox"/> Police <input type="checkbox"/> Operator	Date of Accident/Crash (MM, DD, YYYY)	City/Town Where Accident Occurred
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Please print the information for each driver involved in the accident:

Driver 1 Name	License # and State	Plate # and State
Driver 2 Name	License # and State	Plate # and State