



Request for Copy of Police Crash Report

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

Instructions and Requirements

Individuals with a Massachusetts issued credential should request a copy of a police crash report online at **Mass.Gov/myRMV**. For customers who do not have a Massachusetts issued credential, Authorized Recipients, or DPPA Permitted Users without access to the CRASH Program, complete this form to request either a standard or a certified copy of a police crash report.

Please wait at least 4 weeks after the crash occurred before requesting a report.

- The standard police crash report does not contain the official stamp of the Registrar of Motor Vehicles.
- The certified copy of the police crash report will contain the official stamp of the Registrar of Motor Vehicles.

There is a 4-week processing time for standard or a certified copy of a police crash report.

Instructions:

1. Complete as much information as possible on this form so the RMV can properly search your request.
 - i. Vehicle operator complete sections A, B, C, D, and F.
 - ii. Vehicle occupant complete sections A, B, C, D, and F.
 - iii. Witness complete sections A, B, C, D, and F.
 - iv. Vehicle owner complete sections A, B, C, D, and F.
 - v. Property owner complete sections A, B, C, D, and F.
 - vi. Vulnerable User/Non-Motorist User complete sections A, B, C, D, and F.
 - vii. DPPA Permitted User complete sections A, B, C, G, and H.
 - viii. Authorized recipient complete sections A, B, C, E, and H.
2. Enclose a \$20 check or money order payable to "MassDOT."
3. Mail completed form, applicable fee, and **photocopy of the requestor's license or state issued ID** to address above. If a photocopy of the license or ID is not included, the request will not be processed.

NOTE: Authorized recipient requests must submit a photocopy of both the person authorizing the release of the crash report's license/state issued ID card and the authorized recipient's license/state issued ID card.

A. Requestor Type (select one option)

- ☐ I was an operator in the vehicle at the time of the crash. Your signature is required in Section F.
- ☐ I was an occupant in the vehicle that was in the crash. Your signature is required in Section F.
- ☐ I was a witness to the motor vehicle crash. Your signature is required in Section F.
- ☐ I am the vehicle owner. Your signature is required in Section F.
- ☐ I am the property owner that suffered property damage due to the crash. Your signature is required in Section F.
- ☐ I was a Vulnerable User/Non-Motorist involved in a motor vehicle crash. Your signature is required in Section F.
- ☐ I am a DPPA Permitted User. You must select a DPPA requestor category in Section G and your signature is required in Section H.
- ☐ I am authorizing the release of my Crash Report to another person (an "authorized recipient"). The signature of the person authorizing the release of the crash report is required in Section E and the authorized recipient must sign in Section H.

B. Request Type (select one option)

- ☐ Police Crash Report (standard) \$20 ☐ Police Crash Report (certified) \$20

C. Crash Information

Date of Crash MM/DD/YYYY	City/Town Where Crash Occurred	Was there property damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person First and Last Name		License # and State	Plate # and State	

D. Requestor Information

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

E. Authorization for Release of Crash Report

Complete this section if you are authorizing release of your Crash Report to an authorized recipient:

I, _____ / _____
 (license holder print name) (license holder signature)
 hereby authorize the release of my Crash Report. I acknowledge that I am authorizing the release of information that is otherwise protected under Chapter 64 of the Acts of 2016.
 Record Holder's License # _____

Authorized Recipient's Last Name	Authorized Recipient's First Name	Middle Name	Suffix
Authorized Recipient's License #		Authorized Recipient's Email	
Recipient's Address Street Apt. # City State Zip Code			

F. Signature (for i – vi applicants listed in Instructions)

I swear (affirm), under the penalties of perjury, that the information provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: _____

The individual involved in the crash **MUST** sign and date the form.

G. DPPA Requestor Information (complete only if you are a DPPA Permitted user)

Last Name	First Name	Middle Name	Suffix
Phone #			
Name of Company or Firm		Business Phone #	
Business Address Street	Apt. #	City	State Zip Code

The DPPA requestor **MUST** initial the applicable category below.

- _____ (1) The Requestor is an insurance company, or an authorized agent or service carrier, and the records will be used to the extent authorized in the Safe Driver Insurance Plan (SDIP) and for the purposes of complying with the requirements of **M.G.L. Chapter 90, §§ 1A, 34A, 34B, and 34H** pertaining to motor vehicle liability policies.
- _____ (2) The Requestor is an insurer or insurance support organization, a self-insured entity, or an agent, employee or contractor of such and the records will be used in connection with claims investigation activities, anti-fraud activities, rating or underwriting.
- _____ (3) The Requestor is a federal, state, or local government agency, or a private person or entity acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency.
- Name of Agency: _____ Phone #: _____
- Contact Person: _____ Email Address: _____
- _____ (4) For use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or before a government agency or self-regulatory body or to effectuate service of process or for use in an investigation in anticipation of litigation, or the execution or enforcement of judgements, or orders pursuant to a court order. The Requestor must be an attorney or law firm, constable, or licensed private detective, and the professional's occupational license number must be provided.
- Board of Bar Overseers or License #: _____

- _____ (5) The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors, **BUT ONLY** (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors, and (ii) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. *Appropriate documents identifying the Requestor are required. A photocopy of the ID will be made to file with the request.*
- _____ (6) The Requestor is an employer, or its agent or insurer and the records will be used to obtain or verify information relating to a holder of a commercial driver's license that is required under the **Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. App. 2710 et seq.) or M.G.L. Chapter 90F.**
- _____ (7) The records will be made available to law enforcement agencies and towing companies to be used in providing notice to the owners (including lienholders) of towed or impounded vehicles.
- _____ (8) The Requestor is a licensed private detective business or licensed watch, guard or patrol agency (which may include a security service) licensed under the provisions of **M.G.L. c. 147, §25**, or under the laws of another state, and the records will be used **only for one of the permitted uses contained in items 1-12.** (The Requestor **must** indicate the permitted use(s) **(by also initialing that category)** and produce a valid and unexpired professional license assigned by the Colonel of the Massachusetts State Police or by the licensing official of the state where licensed.)

License # must be provided: _____

- _____ (10) The records will be used in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle parts or dealers, motor vehicles market research activities or survey research, or removal of non-owner records from the original owner records of a motor vehicle manufacturer. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*
- _____ (11) The records will be used in research activities and for use in producing statistical reports, provided that any personal information shall not be published, re-disclosed, or used to contact the individual. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*
- _____ (12) For any other use specifically authorized under state law if such use is related to the operation of a motor vehicle or public safety. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*

Penalty: 18 USC § 2723 provides that anyone who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under 18 U.S.C. §2721, shall be liable to the individual to whom the personal information pertains, including an award of the greater of actual damages or liquidated damages of two thousand five hundred dollars for each violation, punitive damages upon proof of willful or reckless disregard of the law, reasonable attorney's fees and other litigation costs, and such other equitable relief as the court may order. Anyone requesting the disclosure of personal information who misrepresents his identity or makes a false statement in connection with any request for personal information with the intent to obtain personal information in a manner not authorized by law shall be subject to criminal prosecution, which may include a fine of not more than five thousand dollars or imprisonment in a jail or house of correction for not more than one year, or both.

H. Certification – Read Carefully (for vii and viii applications listed in Instructions)

The Requestor certifies that all the Registry of Motor Vehicles records obtained by the Requestor will be used solely and exclusively for the reasons indicated above, and for no other purpose. The Requestor shall be responsible for any improper or unauthorized access to or use of these records by any of its employees, servants, agents, or contractors. The Requestor is prohibited from re-disclosing the information, except in accordance with applicable law. The Requestor acknowledges that the Registry of Motor Vehicles is relying on the truth of the representations contained in this request in granting the Requestor access to the records, and the Requestor intends that the Registry so rely.

The Requestor acknowledges that it **must** keep, for a period of five (5) years, records identifying each person it has sought information about and the permitted purpose for which the information was sought. The Requestor agrees to make such records available to the RMV upon request. The Requestor agrees to indemnify the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims asserted by an individual whose personal information was disclosed to the Requestor in reliance upon the representations made herein and the Requestor further agrees to hold harmless the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims the Requestor may have as to the accuracy of the information provided.

By signing below, and in accordance with Section 7 of Chapter 81 of the Acts of 2022, as well as implementing regulations contained in 940 CMR 37.00, you and your employees, agents, or contractors (collectively, "End Users") certify under the pains and penalties of perjury that before any such access or use of said records (including information from the Registrar facilitated through a database or automated network), you shall not:

- i. Use such records or information for the purpose of enforcing federal immigration law (including the investigation, participation, or cooperation with the enforcement of such law); or
- ii. Disclose said records or information to any agency that primarily enforces immigration law or to any employee or agent of any such agency, unless the officer, employee, agent, or contractor is provided with a lawful court order or judicial warrant signed by a judge appointed pursuant to Article III of the United States Constitution, a federal grand jury or trial subpoena, or as otherwise required by federal law; or
- iii. Allow any End Users to access said records or information unless they certify compliance with the representations of subparagraphs (i) and (ii) above.

Please be advised that violation of this certification shall be unlawful. The Registrar shall immediately deny, or revoke access to, information to any End User that the Registrar has reason to believe has, or will have, violated the law, its implementing regulations, or this certification.

This certification is signed under the penalties of perjury this _____ day of _____, 20 _____

Requestor's Name: _____ Requestor's Signature: _____