



The Commonwealth of Massachusetts  
 Registry of Motor Vehicles  
 One Copley Place, 2nd Floor, Boston 02116

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 \$10 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  
 P.O. Box 55889  
 Boston, MA 02205-5889**