



Crash Data File Request Form

Cities or Towns:

___HARWICH_____

Years of Data:

- ☐ Latest year
- ☒ X Latest three years
- ☐ Other _____

Your Name: ___PAUL D. ERICKSON_____

Company or Agency: ___HARWICH TRAFFIC SAFETY COMMITTEE_____

Address: ___35 FAIRWAYS DR_____

___HARWICH, MA. 02645_____

Daytime Telephone: ___508 432-5767_____

E-mail address to which data should be sent: _paulerickson65@verizon.net_____

OR ☐ Blank CD-ROM with self-addressed return mailer enclosed

Send this completed Request Form by E-mail to: CrashDataRequest@MHD.state.ma.us

Or mail a paper copy of this completed request with blank CD-ROM and return mailer to:

Neil E. Boudreau
Assistant State Traffic Engineer
Massachusetts Highway Department
Traffic Engineering
10 Park Plaza, Rm. 7210
Boston, MA 02116