



Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

How To Complete This Form

Please carefully complete all sections of this form that apply to your crash, **circling the answer** where appropriate. Illegible reports will be returned to you.

Section A: Crash Location

- Provide the city/town where the crash occurred, the date and time of the crash, and the number of vehicles involved.
- Complete section A1 or A2.
- Use official names of all locations, streets and landmarks.
- Use street name and route #, if applicable.
- Be as precise as possible when describing the location.
- Provide enough information to locate the crash to a specific point, not just a street or roadway.

Section B: Vehicle You Were Driving

- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the cause of the crash.

Section C: You and Your Passengers

- Provide information on you and your passengers at the time of the crash.
- Use the codes provided to indicate occupant information.

Section D: Other Vehicles Involved in the Crash

- Provide information on the other vehicle(s) and operator(s) involved in the crash.
- If more than one vehicle involved, please use additional form completing Section D only.

Section E: Non-Motorist(s) Involved

- Provide information on the non-motorist(s) involved in the crash.
- If more than one non-motorist involved, please use additional form completing Section E only.

Section F: Crash Conditions

- Use the codes provided to indicate the conditions at the time of the crash.

Section G: Crash Diagram

- Draw a diagram of how the crash occurred.
- On the diagram, Vehicle 1 represents your vehicle.

Section H: Witness Information

- List all the people who saw the crash but were not involved.

Section I: Property Damage Information

- Indicate all non-vehicular property that was damaged in the crash.

Section J: Description of What Happened

- Describe the crash including events prior to the crash for your vehicles and all other vehicles.

Section K: Signature

- Please sign and print your name and indicate the date you completed the form.

Where to send completed reports:

- Mail or deliver one copy to your local police department in the city or town where the crash occurred.
- Mail one copy to your Insurance Company.
- Mail one copy to the RMV at the following address:

Crash Records
Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119-9100

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash ____ : ____ AM ____ PM	# Vehicles Involved:
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Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____</p> <p>on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____ • _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number	License State	Date of Birth	Age	Sex _M_ _F_	License Class _D_ _A_ _B_ _C_ _M_ _Unknown	Commercial Driver's License Endorsements H_ Hazardous N_ Tank vehicles P_ Passenger T_ Doubles/Triples X_ Tank and Hazardous transport	
Your Full Name (Last, First, Middle)			Street Address		City/Town		State Zip
Insurance Company			Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction _N_ _S_ _E_ _W_	What Was Your Vehicle Doing Prior to the Crash?				
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2 ^d (if applicable)?	What happened 3 ^d (if applicable)?	What happened 4 th (if applicable)?
□	□	□	□

<p>Collision with</p> <p>1 Motor vehicle in traffic</p> <p>2 Parked motor vehicle</p> <p>3 Pedestrian</p> <p>4 Cyclist</p> <p>5 Animal- deer</p> <p>6 Animal- other</p> <p>7 Moped</p> <p>8 Work zone maintenance equipment</p> <p>9 Railway vehicle (train, engine)</p> <p>10 Other movable object</p> <p>11 Unknown movable object</p> <p>20 Curb</p> <p>21 Tree</p> <p>22 Utility pole</p>	<p>23 Light pole or other post/support</p> <p>24 Guardrail</p> <p>25 Median barrier</p> <p>26 Ditch</p> <p>27 Embankment/Sloping shoulder</p> <p>28 Highway traffic signpost</p> <p>29 Overhead sign support</p> <p>30 Fence</p> <p>31 Mailbox</p> <p>32 Crash cushion/Impact attenuator</p> <p>33 Bridge</p> <p>34 Bridge overhead structure</p> <p>35 Other fixed object (wall, building, tunnel)</p> <p>36 Unknown fixed object</p>	<p>Non-Collision</p> <p>40 Ran off road right</p> <p>41 Ran off road left</p> <p>42 Cross median/centerline</p> <p>43 Overturn/rollover</p> <p>44 Equipment failure (blown tire, brakes, etc)</p> <p>45 Fire/explosion</p> <p>46 Immersion</p> <p>47 Jackknife</p> <p>48 Cargo/equipment loss or shift</p> <p>49 Separation of units</p> <p>50 Downhill runaway</p> <p>51 Other non-collision</p> <p>52 Unknown non-collision</p> <p>97 Other</p> <p>99 Unknown</p>
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Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Damaged Area (circle up to three)	<table style="text-align: center;"> <tr> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1 ←</td> <td>9</td> <td>5</td> </tr> <tr> <td>8</td> <td>7</td> <td>6</td> </tr> </table>	2	3	4	1 ←	9	5	8	7	6	<table style="width: 100%;"> <tr> <td>0 None</td> </tr> <tr> <td>10 Undercarriage</td> </tr> <tr> <td>11 Totaled</td> </tr> <tr> <td>97 Other</td> </tr> <tr> <td>99 Unknown</td> </tr> </table>	0 None	10 Undercarriage	11 Totaled	97 Other	99 Unknown
2	3	4															
1 ←	9	5															
8	7	6															
0 None																	
10 Undercarriage																	
11 Totaled																	
97 Other																	
99 Unknown																	

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)											
Name of Passenger 1 (Last, First, Middle)	Address										
	City/Town	State	Zip								
Name of Passenger 2 (Last, First, Middle)	Address										
	City/Town	State	Zip								
Name of Passenger 3 (Last, First, Middle)	Address										
	City/Town	State	Zip								

A. Seating Position	B. Safety System Used	C. Air Bag Status	D. Air Bag Switch
1 Front seat - left side (or motorcycle driver)	0 None used	1 Deployed-front	1 Switch in ON position
2 Front seat - middle	1 Shoulder and lap belt	2 Deployed-side	2 Switch in OFF position
3 Front seat - right side	2 Lap belt only	3 Deployed both front and side	3 ON-OFF switch not present
4 Second seat - left side (or motorcycle passenger)	3 Shoulder belt only	4 Not deployed	4 Unknown if switch is present
5 Second seat - middle	4 Child safety seat	5 Not applicable	99 Unknown
6 Second seat - right side	5 Helmet	99 Unknown	
7 Third row - left side (or motorcycle passenger)	99 Unknown		
8 Third row - middle			

E. Ejected From Vehicle?	F. Trapped?	G. Injured?	H. Transported for Medical Care?
0 Not ejected	0 Not trapped	1 Fatal injury	1 Not transported
1 Totally ejected	1 Freed by mechanical means	<u>Non-fatal injury:</u>	2 EMS (emergency service)
2 Partially ejected	2 Freed by non-mechanical means	2 Incapacitating	3 Police
3 Not applicable	99 Unknown	3 Non-incapacitating	97 Other
99 Unknown		4 Possible	99 Unknown
		5 No injury	
		99 Unknown	

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: ____	Number of injured occupants: ____	Was Vehicle Damage above \$1000? Yes ___ No ___	Moped? Yes ___ No ___	Hit and Run? Yes ___ No ___		
Driver's License Number	License State	Date of Birth	Age	Sex __M__F	License Class __D__A__B__C __M__Unknown	Commercial Driver's License Endorsements H ___ Hazardous N ___ Tank vehicles P ___ Passenger transport T ___ Doubles/Triples X ___ Tank and Hazardous
Full Name of Vehicle Driver (Last, First, Middle)		Street Address		City/Town	State	Zip
Insurance Company	Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

Indicate type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?	Vehicle Damaged Area (circle up to three)
__N__S __E__W	1 Travelling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown	2 3 4 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved		1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown
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What was the non-motorist doing prior to the crash?	Where was the non-motorist prior to the crash?
1 Entering or crossing location 2 Walking, running, or cycling 3 Working 4 Pushing vehicle 5 Approaching or leaving vehicle	6 Working on vehicle 7 Standing 97 Other 99 Unknown
	1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 In roadway 5 Not in roadway 6 Median (but not on shoulder) 7 Island 8 Shoulder 9 Sidewalk 10 Shared-use path or trails 99 Unknown







Date of Birth/Age	Sex __M__F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip
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Safety Equipment?	Injured?	Transported for Medical Care?
0 None used	1 Fatal injury	1 Not transported
6 Helmet	<u>Non-fatal injury:</u>	2 EMS (emergency service)
7 Protective pads (elbows, knees, etc.)	2 Incapacitating	3 Police
8 Reflective clothing	3 Non-incapacitating	
	4 Possible	If transported, please indicate Hospital/Medical Facility:

Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	Weather Conditions (up to two) 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	Was the traffic control device functioning at the time of the crash? 1 ___ Yes 2 ___ No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	Roadway Intersection Type 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
Trafficway Description 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	School Bus Related? 1 ___ Yes 2 ___ No	Work Zone Related? 1 ___ Yes 2 ___ No	Manner of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown		

Section G: Crash Diagram

 Indicate North by Arrow	<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>	Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:  = Direction  = Vehicle 1 (Your Vehicle)  = Vehicle 2  = Pedestrian/Non-motorist  = North
		Select one of the following if the crash did not occur on a public way: ___ Off-street parking lot ___ Garage ___ Mall/shopping center ___ Other private way

Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

Section J: Description of What Happened

Section K: Signature

_____ "Signed under Pains and Penalties of Perjury"	Print _____	Date _____
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