



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 55889
Boston, MA 02205-5889

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.

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

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? __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	
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 nd (if applicable)?	What happened 3 rd (if applicable)?	What happened 4 th (if applicable)?
□	□	□	□

Collision with

- | | |
|-----------------------------------|--|
| 1 Motor vehicle in traffic | 23 Light pole or other post/support |
| 2 Parked motor vehicle | 24 Guardrail |
| 3 Pedestrian | 25 Median barrier |
| 4 Cyclist | 26 Ditch |
| 5 Animal- deer | 27 Embankment/Sloping shoulder |
| 6 Animal- other | 28 Highway traffic signpost |
| 7 Moped | 29 Overhead sign support |
| 8 Work zone maintenance equipment | 30 Fence |
| 9 Railway vehicle (train, engine) | 31 Mailbox |
| 10 Other movable object | 32 Crash cushion/Impact attenuator |
| 11 Unknown movable object | 33 Bridge |
| 20 Curb | 34 Bridge overhead structure |
| 21 Tree | 35 Other fixed object (wall, building, tunnel) |
| 22 Utility pole | 36 Unknown fixed object |

Non-Collision

- | |
|--|
| 40 Ran off road right |
| 41 Ran off road left |
| 42 Cross median/centerline |
| 43 Overturn/rollover |
| 44 Equipment failure (blown tire, brakes, etc) |
| 45 Fire/explosion |
| 46 Immersion |
| 47 Jackknife |
| 48 Cargo/equipment loss or shift |
| 49 Separation of units |
| 50 Downhill runaway |
| 51 Other non-collision |
| 52 Unknown non-collision |
| 97 Other |
| 99 Unknown |

Was your Vehicle Towed From the Scene Due to Damage? __Yes __No	Vehicle Damaged Area (circle up to three)	<table style="width: 100%;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0 None</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"> </td> <td style="text-align: center;">5</td> <td style="text-align: center;">10 Undercarriage</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> <td style="text-align: center;">11 Totaled</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">97 Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">99 Unknown</td> </tr> </table>	2	3	4	0 None	1		5	10 Undercarriage	8	7	6	11 Totaled				97 Other				99 Unknown
2	3	4	0 None																			
1		5	10 Undercarriage																			
8	7	6	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)				9 Third row - right side				0 None used				1 Deployed-front			
2 Front seat - middle				10 Sleeper section of cab				1 Shoulder and lap belt				2 Switch in ON position			
3 Front seat - right side				11 Enclosed passenger area				2 Lap belt only				3 Deployed both			
4 Second seat - left side (or motorcycle passenger)				12 Unenclosed passenger area				3 Shoulder belt only				front and side			
5 Second seat - middle				13 Trailing unit				4 Child safety seat				4 Not deployed			
6 Second seat - right side				14 Riding on vehicle exterior				5 Helmet				5 Not applicable			
7 Third row - left side (or motorcycle passenger)				97 Other				99 Unknown				99 Unknown			
8 Third row - middle				99 Unknown								99 Unknown			
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>				97 Other			
2 Partially ejected				2 Freed by non-mechanical means				2 Incapacitating				2 EMS (emergency service)			
3 Not applicable				99 Unknown				3 Non-incapacitating				3 Police			
99 Unknown								4 Possible				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							
Vehicle Travel Direction __N __S __E __W		What Was the Vehicle Doing Prior to the Crash?										Vehicle Damaged Area (circle up to three)							
		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										2 3 4 0 None 10 Undercarriage 1 5 11 Totaled 97 Other 8 7 6 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			
What was the non-motorist doing prior to the crash?								Where was the non-motorist prior to the crash?															
1 Entering or crossing location								6 Working on vehicle															
2 Walking, running, or cycling								7 Standing															
3 Working								97 Other															
4 Pushing vehicle								99 Unknown															
5 Approaching or leaving vehicle																							
1 Marked crosswalk at intersection								6 Median (but not on shoulder)															
2 At intersection but no crosswalk								7 Island															
3 Non-intersection crosswalk								8 Shoulder															
4 In roadway								9 Sidewalk															
5 Not in roadway								10 Shared-use path or trails															
99 Unknown								99 Unknown															
Date of Birth/Age		Sex __M __F		Full Name of Non-Motorist (Last, First, Middle)				Street Address				City/Town				State Zip							
Safety Equipment?								Injured?								Transported for Medical Care?							
0 None used								9 Lighting								1 Not transported							
6 Helmet								10 Other								2 EMS (emergency service)							
7 Protective pads (elbows, knees, etc.)								99 Unknown								3 Police							
8 Reflective clothing																If transported, please indicate Hospital/Medical Facility:							
1 Fatal injury								5 No injury															
<u>Non-fatal injury:</u>								3 Non-incapacitating								99 Unknown							
2 Incapacitating								4 Possible															

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	<!-- Grid representation -->	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 1 = Vehicle 1 (Your Vehicle) 2 = 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
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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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