



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:
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 _____	

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
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 <u>up to 4</u> boxes below.							
What happened first?	What happened 2nd (if applicable)?	What happened 3rd (if applicable)?	What happened 4th (if applicable)?				
□	□	□	□				
Collision with				Non-Collision			
1 Motor vehicle in traffic	23 Light pole or other post/support	40 Ran off road right	41 Ran off road left				
2 Parked motor vehicle	24 Guardrail	42 Cross median/centerline	43 Overturn/rollover				
3 Pedestrian	25 Median barrier	44 Equipment failure (blown tire, brakes, etc)	45 Fire/explosion				
4 Cyclist	26 Ditch	46 Immersion	47 Jackknife				
5 Animal- deer	27 Embankment/Sloping shoulder	48 Cargo/equipment loss or shift	49 Separation of units				
6 Animal- other	28 Highway traffic signpost	50 Downhill runaway	51 Other non-collision				
7 Moped	29 Overhead sign support	52 Unknown non-collision	97 Other				
8 Work zone maintenance equipment	30 Fence	99 Unknown					
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						
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)			
				2 3 4 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 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle		9 Third row - right side 10 Sleeper section of cab 11 Enclosed passenger area 12 Unenclosed passenger area 13 Trailing unit 14 Riding on vehicle exterior 97 Other 99 Unknown		B. Safety System Used 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
E. Ejected From Vehicle? 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		G. Injured? 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible		5 No injury 99 Unknown		H. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 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 2 Light truck (van, mini-van, pick-up, sport utility) 3 Motorcycle 4 Bus (15 or more passengers) 5 Bus (7-15 passengers) 6 Single-unit truck (2 axles) 7 Single-unit truck (3 or more axles) 8 Truck/trailer 9 Truck tractor (bobtail) 10 Tractor/semi-trailer 11 Tractor/doubles 12 Tractor/triples 13 Unknown heavy truck 14 Motor home/recreational vehicle 97 Other 99 Unknown									
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? 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					Vehicle Damaged Area (circle up to three) 2 3 4 1 5 6 8 7 6 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									
What was the non-motorist doing 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		Where was the non-motorist prior to the crash? 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	
Safety Equipment? 0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing		Injured? 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible		5 No injury 99 Unknown		Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown			
If transported, please indicate Hospital/Medical Facility:									

Section F: Crash Conditions

Light Conditions	Weather Conditions (up to two)	Traffic Control Device	Was the traffic control device functioning at the time of the crash?	Road Surface	Roadway Intersection Type
1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	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	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	1 ___ Yes 2 ___ No	1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	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	School Bus Related?	Work Zone Related?	Manner of Collision		
1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	1 ___ Yes 2 ___ No	1 ___ Yes 2 ___ No	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		<p>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:</p> <p>→ = Direction <input type="checkbox"/> 1 = Vehicle 1 (Your Vehicle) <input type="checkbox"/> 2 = Vehicle 2 ○ = Pedestrian/Non-motorist  = North</p> <p>Select one of the following if the crash did not occur on a public way:</p> <p>___ Off-street parking lot ___ Garage ___ Mall/shopping center ___ Other private way</p>
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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

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