

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 $\underline{\text{or}}$ A2.
- Use official names of all locations, streets and landmarks.
- Use street name <u>and</u> 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.
- Additional 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 | | | D | Date of Crash | | Т | | Crash AM | # Vehicles PM 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 occurred at an intersection of two or more | <u>OR</u> | SECTION A2. G. LA ALS G. A. MALL. L. M. NOT. | | | | | | | | | | |
| Step 1: Please indicate the route or roadway where you | | | | <u>Step 1</u> : Please | here the crash occurred: | | | | | | | |
| were travelling when the crash occurred: | | | | The crash occurred on Route #: at Street or Address Number: | | | | | | | | |
| Route# Name of Roadway/Street | | | | on the Street/H | on the Street/Roadway known as: | | | | | | | |
| Step 2: What was the name (or names) of the intersecting | | | | Step 2: Please | Step 2 Please provide as much of the following specific location information as poss | | | | | | | |
| streets? | | The crash occurred (estimate number of feet) feet | | | | | | | | | | |
| | | (indicate direction as N/S/E/W) of a) Mile Marker number | | | | | | | | | | |
| Route# Name of Roady | | $OR \cdot h$ Fxit Number | | | | | | | | | | |
| Route# Name of Roady | vay/Street | | | OR: c) Intersecting Street/Roadway Route# Name of Roadway/Street | | | | | | | | |
| | 2 | | | OR:d) La | ndmark | | | | | | | |
| | S | ectio | n B: \ | Vehicle Yo | a Were Di | riving | | | | | | |
| Number of occupants in vehicle (including yourself): Was vehicle damage above \$1000?YesNo | | | | | | | | | | | | |
| Driver's License Number License Sta | te Date of | Birth A | | Licens M_F | e Class AB Unknown | C Comm | ercial l Iazardou Doubles/ | Driver's License H us N 7 Triples X 7 | Endorsements Tank vehicles P_Passenger Tank and Hazardous transport | | | |
| Your Full Name (Last, First, Middle) | | Street | Address | | | City/Tov | | <u> </u> | State Zip | | | |
| Insurance Company | | Vehi | cle Re | gistration # | Reg. Type | Reg. Stat | te | 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, 5 Bus (7-15 passengers) 9 Truck/trailer 13 Unknown heavy truck 99 Unknown 3 Motorcycle 7 Single-unit truck (3 or more axles) 11 Tractor/doubles 14 Motor home/recreational vehicle | | | | | | | | | | | | |
| Full Name of Vehicle Owner (Last, First, Middle) Street Address City/Town State Zip | | | | | | | | | State Zip | | | |
| Vehicle Travel Direction 1 Travelling stra | | 0 | | | · · · | cc. 1 | 10 | D 11 | 07.04 | | | |
| 2 Slowing or sto | - | | 4 Turnii 5 Chang | - | Leaving traf Making U-tt | | | Backing Parked | 97 Other 99 Unknown | | | |
| NSEW 3 Turning right | | | 6 Enterii | ng traffic lane | 9 Overtaking/ | | | | | | | |
| Please Indicate the Sequence of Events as t | hey occuri | red to Y | YOUR | ehicle by writi | ng the corresp | onding nu | ımber | (1-52, or 97, 9 | 9) in up to 4 boxes below. | | | |
| 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 2^{nd} (if applicable)? What happened 3^{d} (if applicable)? What happened 4^{th} (if applicable)? | | | | | | | | | | | | |
| | Ì | | , | | |] | | | | | | |
| | | | | | | | | | | | | |
| Collision with 1 Motor vehicle in traffic 2 Parked motor vehicle 3 Pedestrian 4 Cyclist 5 Animal- deer 6 Animal- other 7 Moped 8 Work zone maintenance equipment 9 Railway vehicle (train, engine) 10 Other movable object 11 Unknown movable object 20 Curb 21 Tree 22 Utility pole | 24 C 25 M 26 E 27 E 28 F 29 C 30 F 31 M 32 C 33 E 34 E 35 C | Guardra Median Ditch Embank Highway Overhea Gence Mailbox Crash cu Bridge Bridge o Dther fiz | il barrier ment/Slo y traffic d sign s ushion/In overhead | mpact attenuator l structure ect (wall, buildir | | Non 40 41 42 43 44 45 46 47 48 49 50 51 52 97 97 99 | Ran Cros Over Equi Fire/ Imm Jack Carg Sepa Dow Othe Unkn Othe | off road right off road left s median/centerl rturn/rollover pment failure (b explosion ersion knife o/equipment loss ration of units nhill runaway r non-collision nown non-collis | lown tire, brakes, etc) s or shift | | | |
| Was your Vehicle Towed From the Scene Due to I | Damage? _ | _Yes | No | | amaged Area | 2 1 8 | | 3 . 9 7 | 4 0 None 10 Undercarriage 5 11 Totaled 97 Other 6 99 Unknown | | | |

| Section C: You and Your Passengers | | | | | | | | | | | | | |
|--|--|---|--|---|---|--|--|--|---|---|---|--|--|
| Please provide the full name, address, and DC (yourself and all passengers). A list of the p | | | | correspond | ling c | ode in | each | of the b | oxes | for ea | ch occi | upant | of the vehicle |
| (yoursen and an passengers). A list of the | | at the bottom of th | s section. | Date of | Sex | А | В | C D | E | F | G | Н | Name of |
| | | | | Birth/Age | M/F | | | | | | | | Medical Facility |
| Driver (See previous page) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Passenger 1 (Last, First, Middle) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | City/Town | - | | | | | | | | | | | |
| Name of Passenger 2 (Last, First, Middle) | | | | | | | | | | | | | |
| | |] | | | | | | | | | | | |
| | City/Town | | | | | | | | | | | | |
| Name of Passenger 3 (Last, First, Middle) | | - | | | | | | | | | | | |
| | City/Town | Address | Zip | - | | | | | | | | | |
| A. Seating Position | City/10wil | State | B. Safety S | System II | sed | | Air F | Bag Sta | tus | D / | ir Ba | a Swi | tch |
| 1 Front seat - left side (or motorcycle drive | er) 9 Third row - ri | ight side | 0 None us | • | scu | 1 | | oyed-fi | | | | 0 | v position |
| 2 Front seat - middle | 10 Sleeper section | on of cab | 1 Shoulder | r and lap | belt | 2 | - | oyed-s | | | | | FF position |
| 3 Front seat - right side | 11 Enclosed pass | • | 2 Lap belt | t only | | 3 | Depl | oyed b | oth | 3 (| N-OF | F swi | tch not present |
| 4 Second seat - left side (or motorcycle pas | 0 | bassenger area | | r belt onl | у | | front | and si | de | 4 U | Inknov | vn if | switch is present |
| 5 Second seat - middle 6 Second seat - right side | 13 Trailing unit 14 Riding on vel | hicle exterior | | afety seat | | 4 | | deploye | | 99 l | Inknov | vn | |
| 7 Third row - left side (or motorcycle pass | - | mele exterior | 5 Helmet | | | 5 | | applica | ble | | | | |
| 8 Third row - middle | 99 Unknown | | 99 Unknow | vn | | 99 |) Unk | nown | | | | | |
| E. Ejected From Vehicle? F. Trapped? | | G. Injured? | • | | | 1 | H. Tra | nsporte | d fo | r Me | lical C | are? | |
| 0 Not ejected 0 Not trapped | | 1 Fatal injury Non-fatal injury: | | | | 1 | | transpo | | | | | Other |
| | echanical means | 2 Incapacitating | | 5 No inju | ırv | | 2 EMS 3 Poli | 5 (emer | gency | servi | ce) | 99 | Unknown |
| 2Partially ejected2Freed by no3Not applicable99Unknown | on-mechanical means | 3 Non-incapacita | | 99 Unknow | | - | 5 POII | ce | | | | | |
| 99 Unknown | ~ · · · · · | 4 Possible | | | | | | | | | | | |
| | Section D: O | ther Vehicle | e(s) Invo | lved in | the | eC_1 | rash | | | | | | |
| Number of occupants in the Vehicle: | Number of injured o | occupants: a | Was Vehicle D above \$1000? | amage | Yes | N | o Mop | ed? | Yes | No | | | un?YesNo |
| Driver's License Number | License State Date of Bir | rth Age Sex | License Cl | 000 | | omme | reial D | river's I | icense | Endo | rsement ank veh | s icles | P_Passenger |
| M Unknown T Doubles Triples X Tank and Hazardous transport | | | | | | | | | | | | | |
| | | | M U | nknown | | | | mpies | | 1 | | | 1 |
| Full Name of Vehicle Driver (Last, First | t, Middle) Stre | eet Address | M U | nknown | | Town | | mples | | | Sta | | Zip |
| | , | eet Address | | | City | Town | 1 | | | | Sta | ite | Zip |
| Full Name of Vehicle Driver (Last, First Insurance Company | , | | | nknown g. Type | City | | 1 | Vehicle | | | Sta | | Zip |
| | , | eet Address | | | City | Town | 1 | | | | Sta | ite | Zip |
| Insurance Company Indicate type of vehicle | Vel | hicle Registration | # Reg | g. Type | City, Reg | Town g. Stat | e | | | | Sta Veh | ite | Zip |
| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus | (15 or more passengers) | hicle Registration | i # Reg railer | g. Type | City/ Reg | Towr g. Stat | e es | Vehicle | | 97 | Sta Veh Other | ite | Zip |
| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus | (15 or more passengers) (7-15 passengers) | hicle Registration 8 Truck/t 9 Truck | # Reg | g. Type | City, Reg Fracto | Towr g. Stat r/tripl | e es eavy tr | Vehicle | Year | 97 99 | Sta Veh | ite | Zip |
| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus pick-up, sport utility) 6 Sing | (15 or more passengers) | hicle Registration 8 Truck/4 9 Truck 10 Tractor | railer ractor (bobtail) /semi-trailer | g. Type | City, Reg Fracto | Towr g. Stat r/tripl | e es eavy tr | Vehicle | Year | 97 99 | Sta Veh Other | ite | Zip |
| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus pick-up, sport utility) 6 Sing | (15 or more passengers) (7-15 passengers) le-unit truck (2 axles) le-unit truck (3 or more a | hicle Registration 8 Truck/4 9 Truck 10 Tractor | railer ractor (bobtail) /semi-trailer | g. Type 12 1 13 1 14 1 | City, Reg Fracto | Towr g. Stat r/tripl | e es eavy tr c/recrea | Vehicle | Year | 97 99 | Sta Veh Other Unkno | ite | Zip |
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| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus pick-up, sport utility) 6 Sing 3 Motorcycle 7 Sing Full Name of Vehicle Owner (Last, First, | (15 or more passengers) (7-15 passengers) le-unit truck (2 axles) le-unit truck (3 or more a Middle) | hicle Registration 8 Truck/4 9 Truck 10 Tractor | railer ractor (bobtail) /semi-trailer /doubles Street Addr | g. Type 12 7 13 1 14 1 ress | City, Reg Fracto | Town g. Stat r/tripl wn ho home | e es eavy tr c/recrea | Vehicle uck tional v ty/Town | Year ehicle | 97 99 | Sta Veh Other Unkno St ea (circ 4 | icle M bwn ate | Zip ake Zip Zip o three)) None 10 Undercarriage |
| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus pick-up, sport utility) 6 Sing 3 Motorcycle 7 Sing Full Name of Vehicle Owner (Last, First, Vehicle Travel What Was the Vehicle Doi Direction 1 Travelling straight ahead NS 2 Slowing or stopped | (15 or more passengers) (7-15 passengers) le-unit truck (2 axles) le-unit truck (3 or more a Middle) | hicle Registration 8 Truck/ 9 Truck 10 Tractor xles) 11 Tractor | railer ractor (bobtail) /semi-trailer /doubles Street Addr lane 10 Bac | g. Type 12 - 13 1 14 1 ress cking 97 | City/ Reş Fracto Unkno | g. Stat | e es eavy tr c/recrea Cit | Vehicle uck tional v ty/Town | Year ehicle | 97 99 | Sta Veh Other Unkno St ea (circ | icle M bown ate | Zip ake Zip o three)) None 10 Undercarriage 11 Totaled |
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| Insurance Company Indicate type of vehicle 1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus pick-up, sport utility) 6 Sing 3 Motorcycle 7 Sing Full Name of Vehicle Owner (Last, First, Vehicle Travel Direction 1 Travelling straight ahead 2 Slowing or stopped EW 3 Turning right | (15 or more passengers) (7-15 passengers) le-unit truck (2 axles) le-unit truck (3 or more a Middle) ing Prior to the Crash? d 4 Turning left 5 Changing lanes 6 Entering traffic lane Section E: N | hicle Registration 8 Truck/ 9 Truck 10 Tractor xles) 11 Tractor 7 Leaving traffic 8 Making U-turn 9 Overtaking/pa: 0 n-MOtOrist | railer ractor (bobtail) /semi-trailer /doubles Street Addr lane 10 Bac 11 Par ssing (s) Invol | 2. Type 12 1 13 1 14 1 ress cking 97 ked 99 ved in t 3 | City, Reg Fracto Unknot Motor Otha Unk | z. Stat r/tripl wm h/home er nown | e es Cit Vete 2 1 8 8 Sash 5 | Vehicle uck tional v ty/Town ticle Da | Year ehick | 97 99 ed Ar | Sta Veh Other Unkno St 22a (circc 4 5 6 | ate | Zip ake Zip O three) O None I0 Undercarriage I1 Totaled J7 Other O9 Unknown |
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| Section F: Crash Conditions | | | | | | | | | |
|---|---------------------|--|---|--|--|---|---|---|--|
| Light Conditions Weather Conditions (up to two formations) 1 Daylight 1 Clear 2 Dawn 2 Cloudy 3 Dusk 3 Rain 4 Dark - lighted roadway 4 Snow 5 Dark - roadway not lighted 5 Sleet, hail, freezing rain 6 Dark - unknown roadway 6 Fog, smog, smoke 91 Other 8 Blowing sand, snow 92 Unknown 97 Other 99 Unknown 97 School But School But 1 Two-way, not divided Related? | | | Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control sign 4 Flashing traffic control signs 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing of 99 Unknown | e nal ntrol signal levice Manner | Was the traffic control device functioning at the time of the crash? 1 Yes 2 No of Collision > vehicle crash | Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, din 6 Water (standin 7 Slush 97 Other 99 Unknown | g, moving) | 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 | |
| 1 Two-way, not divided 2 Two-way, divided, unp 3 Two-way, divided, prot 4 One-way, not divided 99 Unknown | | 1 Yes 2 No | 1 Yes 2 No | 2 Rear- 3 Angle 4 Sides | end | | rear | 10 Railway grade crossing 99 Unknown | |
| | | | Section G: C | rash D | iagram | | | | |
| Indicate North by Arrow | | | | | | | roadw occurr involv using 1 2 0 | draw a diagram of the ay or streets where the crash red, indicating the vehicles ed and direction of travel the following symbols: = Direction = Vehicle 1 (Your Vehicle) = Vehicle 2 = Pedestrian/Non-motorist = North | |
| | | | | | | | Select the cra public C C | one of the following if ash did not occur on a way: Dff-street parking lot Jarage Mall/shopping center Dther private way | |
| Witness Name (Last, First, N | (iddla) | Address | Section H: Wit | ness In | formation | | D | hone | |
| witness Name (Last, First, F | | Address | | | | | r | none | |
| | | | | | | | | | |
| | | | | <u> </u> | | | | | |
| Owner Name (Last, First, M | | Address | rty Damage In | format | Phone (Other | Property and | | escription | |
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| | | | Section K | : Signa | iture | | | | |
| "Signed under Pains and P | enalties of Perjury | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Print | | | Da | ite | | |

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