



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

- 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 accident but were not involved.

Section I: Property Damage Information

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

Section J: Crash Narrative

- 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

City/Town Where Crash Occurred	Date of Crash	Time of Crash ____:____ _ AM _ PM	# Vehicles Involved:
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Section A: Crash Location

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 the Crash Narrative Section 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 traveling 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 <u>NOT</u> 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: _____ 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 the 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 # _____ Street/Roadway Name _____</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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What Was Your Vehicle Doing Prior to Crash?

Vehicle Travel Direction _ N _ S _ E _ W	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)?
□	□	□	□

<p>Collision with</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 23 Light pole or other post/support 24 Guardrail 25 Median barrier 26 Ditch 27 Embankment/Sloping shoulder 28 Highway traffic signpost 29 Overhead sign support 30 Fence 31 Mailbox 32 Crash cushion/Impact attenuator 33 Bridge 34 Bridge overhead structure 35 Other fixed object (wall, building, tunnel) 36 Unknown fixed object 	<p>Non-Collision</p> <ul style="list-style-type: none"> 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
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Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Vehicle Damaged Area</p> <p>(circle up to three)</p>	
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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											
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											
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			Non-fatal injury:			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		
						5 No injury					
						99 Unknown					

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

Number of occupants in the Vehicle: ____		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 T _ Doubles/triples X _ Tank and Hazardous transport		
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 Crash?						
		1 Travelling straight ahead		4 Turning left		7 Leaving traffic lane		10 Backing
		2 Slowing or stopped		5 Changing lanes		8 Making U-turn		11 Parked
		3 Turning right		6 Entering traffic lane		9 Overtaking/passing		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?						Where was the non-motorist prior to the crash?					
1 Entering or crossing location		6 Working on vehicle				1 Marked crosswalk at intersection		6 Median (but not on shoulder)			
2 Walking, running or cycling		7 Standing				2 At intersection but no crosswalk		7 Island			
3 Working		97 Other				3 Non-intersection crosswalk		8 Shoulder			
4 Pushing vehicle		99 Unknown				4 In roadway		9 Sidewalk			
5 Approaching or leaving vehicle						5 Not in roadway		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?				Injured?				Transported for Medical Care?			
0 None used				1 Fatal injury				1 Not transported			
6 Helmet				Non-fatal injury:				2 EMS (emergency service)			
7 Protective pads (elbows, knees, etc.)				2 Incapacitating				3 Police			
8 Reflective clothing				3 Non-incapacitating				If transported, please indicate Hospital/Medical Facility:			
9 Lighting				5 No injury							
10 Other				99 Unknown							
99 Unknown											

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 8 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

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<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 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 O = Pedestrian/Non-Motorist</p> <p>Select one of the following if the crash did not occur on a public way:</p> <p><input type="checkbox"/> Off-street parking lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> 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: Crash Narrative

Section K: Signature

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