



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 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)?
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

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| <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 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	Vehicle Damaged Area (circle up to three)		<ul style="list-style-type: none"> 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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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 gray; 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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Section C: You and Your Passengers

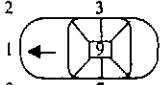
Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		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 5 No injury 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
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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	H. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown
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Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____	Number of injured occupants: _____	Was Vehicle Damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hit and Run? <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 T Doubles/Triples	N Tank vehicles X Tank and Hazardous	P Passenger 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 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	2 3 4 0 None 1 5 10 Undercarriage 8 7 6 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	9 Lighting	1 Fatal injury	1 Not transported	97 Other		
6 Helmet	10 Other	<u>Non-fatal injury:</u>	2 EMS (emergency service)	99 Unknown		
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating	3 Police			
8 Reflective clothing		3 Non-incapacitating	If transported, please indicate Hospital/Medical Facility:			
		4 Possible				