



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

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:				SECTION A2: Complete this Section if the crash did NOT occur at an intersection:			
Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:				Step 1: Please indicate the route, roadway and address where the crash occurred:			
Route# _____ Name of Roadway/Street _____				The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____			
Step 2: What was the name (or names) of the intersecting streets?				Step 2: Please provide as much of the following specific location information as possible:			
Route# _____ Name of Roadway/Street _____				The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of			
Route# _____ Name of Roadway/Street _____				a) Mile Marker number _____ • _____			
				OR: b) Exit Number _____			
				OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____			
				OR: d) Landmark _____			
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	
2 Light truck (van, mini-van, pick-up, sport utility)		5 Bus (7-15 passengers)		9 Truck tractor (bobtail)		13 Unknown heavy truck	
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		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 Your Vehicle Doing Prior to the Crash?					
		1 Travelling straight ahead		4 Turning left		7 Leaving traffic lane	
		2 Slowing or stopped		5 Changing lanes		8 Making U-turn	
		3 Turning right		6 Entering traffic lane		9 Overtaking/passing	
						10 Backing	
						11 Parked	
						97 Other	
						99 Unknown	
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 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		0 None	
2 Parked motor vehicle		24 Guardrail		41 Ran off road left		10 Undercarriage	
3 Pedestrian		25 Median barrier		42 Cross median/centerline		11 Totalled	
4 Cyclist		26 Ditch		43 Overturn/rollover		97 Other	
5 Animal- deer		27 Embankment/Sloping shoulder		44 Equipment failure (blown tire, brakes, etc)		99 Unknown	
6 Animal- other		28 Highway traffic signpost		45 Fire/explosion			
7 Moped		29 Overhead sign support		46 Immersion			
8 Work zone maintenance equipment		30 Fence		47 Jackknife			
9 Railway vehicle (train, engine)		31 Mailbox		48 Cargo/equipment loss or shift			
10 Other movable object		32 Crash cushion/Impact attenuator		49 Separation of units			
11 Unknown movable object		33 Bridge		50 Downhill runaway			
20 Curb		34 Bridge overhead structure		51 Other non-collision			
21 Tree		35 Other fixed object (wall, building, tunnel)		52 Unknown non-collision			
22 Utility pole		36 Unknown fixed object		97 Other			
				99 Unknown			
Was your Vehicle Towed From the Scene Due to Damage? Yes No				Vehicle Damaged Area			
				(circle up to three)			
				<ul style="list-style-type: none"> 0 None 10 Undercarriage 11 Totalled 97 Other 99 Unknown 			

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 Shoulder and lap belt	1 Deployed-front	1 Switch in ON position	2 Front seat - middle	10 Sleeper section of cab	2 Deployed-side	2 Switch in OFF position	3 Front seat - right side	11 Enclosed passenger area	2 Lap belt only	3 Deployed both front and side	3 ON-OFF switch not present	4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	3 Shoulder belt only	4 Not deployed	4 Unknown if switch is present	5 Second seat - middle	13 Trailing unit	4 Child safety seat	5 Not applicable	99 Unknown	6 Second seat - right side	14 Riding on vehicle exterior	5 Helmet	99 Unknown	7 Third row - left side (or motorcycle passenger)	97 Other	8 Third row - middle	99 Unknown

E. Ejected From Vehicle?				F. Trapped?				G. Injured?				H. Transported for Medical Care?							
0 Not ejected	1 Totally ejected	2 Partially ejected	3 Not applicable	99 Unknown	0 Not trapped	1 Freed by mechanical means	2 Freed by non-mechanical means	99 Unknown	1 Fatal injury	2 Incapacitating	3 Non-incapacitating	4 Possible	5 No injury	99 Unknown	1 Not transported	2 EMS (emergency service)	3 Police	97 Other	99 Unknown

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 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	What Was the Vehicle Doing Prior to the Crash?						Vehicle Damaged Area (circle up to three)							
__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	

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	99 Unknown	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	
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Safety Equipment?				Injured?				Transported for Medical Care?				
0 None used	9 Lighting	1 Fatal injury	2 Incapacitating	3 Non-incapacitating	4 Possible	1 Not transported	2 EMS (emergency service)	3 Police	97 Other	99 Unknown	If transported, please indicate Hospital/Medical Facility:	
6 Helmet	10 Other	<u>Non-fatal injury:</u>		5 No injury	99 Unknown							
7 Protective pads (elbows, knees, etc.)	99 Unknown											
8 Reflective clothing												

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	

Indicate
North by
Arrow

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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

Witness Name (Last, First, Middle)	Address	Phone

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

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