



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.

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 NOT 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 _____
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? <u>Yes</u> <u>No</u>			
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
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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|---|---|---|
| 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 | 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 | Non-Collision
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 |
|---|---|---|

Was your Vehicle Towed From the Scene Due to Damage? <u>Yes</u> <u>No</u>	Vehicle Damaged Area (circle up to three)		0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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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) 9 Third row - right side 2 Front seat - middle 10 Sleeper section of cab 3 Front seat - right side 11 Enclosed passenger area 4 Second seat - left side (or motorcycle passenger) 12 Unenclosed passenger area 5 Second seat - middle 13 Trailing unit 6 Second seat - right side 14 Riding on vehicle exterior 7 Third row - left side (or motorcycle passenger) 97 Other 8 Third row - middle 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
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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 5 No injury 3 Non-incapacitating 99 Unknown 4 Possible	H. Transported for Medical Care? 1 Not transported 97 Other 2 EMS (emergency service) 99 Unknown 3 Police
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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? 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 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
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Vehicle Travel Direction ___N___S ___E___W	What Was the 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	Vehicle Damaged Area (circle up to three) 2 3 4 0 None 10 Undercarriage 1 5 11 Totaled 97 Other 99 Unknown 8 7 6
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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
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Safety Equipment? 0 None used 9 Lighting 6 Helmet 10 Other 7 Protective pads (elbows, knees, etc.) 99 Unknown 8 Reflective clothing	Injured? 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 5 No injury 3 Non-incapacitating 99 Unknown 4 Possible	Transported for Medical Care? 1 Not transported 97 Other 2 EMS (emergency service) 99 Unknown 3 Police If transported, please indicate Hospital/Medical Facility:
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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	Empty grid for drawing the crash diagram	<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 = 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"		