



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 passenger 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.

SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:	OR	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 traveling 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 _____		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 _____ OR: d) Landmark _____ Route# _____ Street/Roadway Name _____

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 <table style="width:100%; border: none;"> <tr> <td style="width:25%;">1 Passenger car</td> <td style="width:25%;">4 Bus (15 or more passengers)</td> <td style="width:25%;">8 Truck/trailer</td> <td style="width:25%;">12 Tractor/triples</td> <td style="width:20%;">97 Other</td> </tr> <tr> <td>2 Light truck (van, mini-van, pick-up, sport utility)</td> <td>5 Bus (7-15 passengers)</td> <td>9 Truck tractor (bobtail)</td> <td>13 Unknown heavy truck</td> <td>99 Unknown</td> </tr> <tr> <td>3 Motorcycle</td> <td>6 Single-unit truck (2 axles)</td> <td>10 Tractor/semi-trailer</td> <td>14 Motor home/recreational vehicle</td> <td></td> </tr> <tr> <td></td> <td>7 Single-unit truck (3 or more axles)</td> <td>11 Tractor/doubles</td> <td></td> <td></td> </tr> </table>								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		
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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? <table style="width:100%; border: none;"> <tr> <td style="width:16.6%;">1 Travelling straight ahead</td> <td style="width:16.6%;">4 Turning left</td> <td style="width:16.6%;">7 Leaving traffic lane</td> <td style="width:16.6%;">10 Backing</td> <td style="width:16.6%;">97 Other</td> </tr> <tr> <td>2 Slowing or stopped</td> <td>5 Changing lanes</td> <td>8 Making U-turn</td> <td>11 Parked</td> <td>99 Unknown</td> </tr> <tr> <td>3 Turning right</td> <td>6 Entering traffic lane</td> <td>9 Overtaking/passing</td> <td></td> <td></td> </tr> </table>							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							
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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? <input style="width: 40px; height: 20px;" type="text"/>	What happened 2 nd (if applicable)? <input style="width: 40px; height: 20px;" type="text"/>	What happened 3 rd (if applicable)? <input style="width: 40px; height: 20px;" type="text"/>	What happened 4 th (if applicable)? <input style="width: 40px; height: 20px;" type="text"/>
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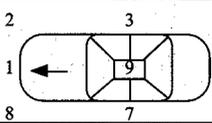
Collision with

- | | |
|--|---|
| 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)	<table style="width:100%; border: none;"> <tr> <td style="width:10%; text-align: center;">2</td> <td style="width:10%; text-align: center;">3</td> <td style="width:10%; text-align: center;">4</td> <td style="width:10%; text-align: center;">10 Undercarriage</td> </tr> <tr> <td style="width:10%; text-align: center;">1 ←</td> <td style="width:10%; text-align: center;">9</td> <td style="width:10%; text-align: center;">5</td> <td style="width:10%; text-align: center;">11 Totaled</td> </tr> <tr> <td style="width:10%; text-align: center;">8</td> <td style="width:10%; text-align: center;">7</td> <td style="width:10%; text-align: center;">6</td> <td></td> </tr> </table>	2	3	4	10 Undercarriage	1 ←	9	5	11 Totaled	8	7	6	
2	3	4	10 Undercarriage											
1 ←	9	5	11 Totaled											
8	7	6												



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)	9 Third row - right side	0 None used	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	3 Deployed both front and side	3 ON-OFF switch not present								
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	1 Shoulder and lap belt	3 Deployed both front and side	4 Second seat - right side	13 Trailing unit	2 Lap belt only	4 Not deployed	5 Not applicable	99 Unknown	14 Riding on vehicle exterior	3 ON-OFF switch not present	99 Unknown if switch is present								
5 Second seat - middle	15 Trailing unit	3 Shoulder belt only	5 Not applicable	6 Second seat - right side	16 Riding on vehicle exterior	4 Child safety seat	99 Unknown			17 Other										
7 Third row - left side (or motorcycle passenger)	99 Unknown	5 Helmet		8 Third row - middle	99 Unknown	99 Unknown														
E. Ejected From Vehicle?			F. Trapped?			G. Injured?			H. Transported for Medical Care?											
0 Not ejected	1 Not trapped	1 Fatal injury	1 Not transported	97 Other	1 Totally ejected	1 Freed by mechanical means	2 Non-fatal injury:	2 EMS (emergency service)	99 Unknown	2 Partially ejected	2 Freed by non-mechanical means	2 Incapacitating	5 No injury	3 Police	3 Not applicable	99 Unknown	3 Non-incapacitating	99 Unknown	99 Unknown	99 Unknown
99 Unknown		4 Possible																		

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

Number of occupants in the Vehicle: _____		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	License Class	Commercial Driver's License Endorsements		
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Unknown	<input type="checkbox"/> H Hazardous	<input type="checkbox"/> N Tank vehicles	<input type="checkbox"/> 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
What Was Your Vehicle Doing Prior to the Crash?								
Vehicle Travel Direction		1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other		
<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		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				

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 doing prior to the crash?				
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection		6 Median (but no 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	Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town	State	Zip
	<input type="checkbox"/> M <input type="checkbox"/> F							
Safety Equipment?		Injured?			Transported for Medical Care?			
0 None used	9 Lighting	1 Fatal injury			1 Not transported			97 Other
6 Helmet	10 Other	Non-fatal injury:			2 EMS (emergency service)			99 Unknown
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating			3 Police			
8 Reflective clothing		3 Non-incapacitating						
		4 Possible						
		5 No injury						
		99 Unknown						
					If transported, please indicate Hospital/Medical Facility:			

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 Conditions 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 = Vehicle 1 (Your Vehicle) = Vehicle 2 = 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

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