



# 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 55889  
Boston, MA 02205-5889

## Section A: Crash Location

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.			
<b>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</b>	<b>OR</b>	<b>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</b>	
<b>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</b>  Route# _____ Name of Roadway/Street _____  <b>Step 2: What was the name (or names) of the intersecting streets?</b>  Route# _____ Name of Roadway/Street _____  Route# _____ Name of Roadway/Street _____		<b>Step 1: Please indicate the route, roadway and address where the crash occurred:</b> The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____  <b>Step 2: Please provide as much of the following specific location information as possible:</b> 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 _____	

## Section B: Vehicle You Were Driving

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
<b>Indicate your type of vehicle</b>			
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_	<b>What Was Your Vehicle Doing Prior to the Crash?</b>		
	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 <sup>nd</sup> (if applicable)?	What happened 3 <sup>rd</sup> (if applicable)?	What happened 4 <sup>th</sup> (if applicable)?
□	□	□	□
<b>Collision with</b>		<b>Non-Collision</b>	
1 Motor vehicle in traffic	23 Light pole or other post/support	40 Ran off road right	
2 Parked motor vehicle	24 Guardrail	41 Ran off road left	
3 Pedestrian	25 Median barrier	42 Cross median/centerline	
4 Cyclist	26 Ditch	43 Overturn/rollover	
5 Animal- deer	27 Embankment/Sloping shoulder	44 Equipment failure (blown tire, brakes, etc)	
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)	2 3 4 1 ← 5 8 7 6	0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown

## 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
<b>Driver (See previous page)</b>	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>Name of Passenger 1 (Last, First, Middle)</b>	Address										
	City/Town	State	Zip								
<b>Name of Passenger 2 (Last, First, Middle)</b>	Address										
	City/Town	State	Zip								
<b>Name of Passenger 3 (Last, First, Middle)</b>	Address										
	City/Town	State	Zip								

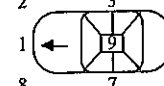
  

<b>A. Seating Position</b> 1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) 8 Third row - middle	<b>B. Safety System Used</b> 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown	<b>C. Air Bag Status</b> 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown
<b>D. Air Bag Switch</b> 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown		

<b>E. Ejected From Vehicle?</b> 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown	<b>F. Trapped?</b> 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown	<b>G. Injured?</b> 1 Fatal Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible	<b>H. Transported for Medical Care?</b> 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? 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_	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					
<b>Indicate type of vehicle</b> 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_	<b>What Was the Vehicle Doing Prior to the Crash?</b> 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					<b>Vehicle Damaged Area (circle up to three)</b>  0 None      10 Undercarriage      11 Totaled 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			
<b>What was the non-motorist doing prior to the crash?</b> 1 Entering or crossing location      6 Working on vehicle 2 Walking, running, or cycling      7 Standing 3 Working      97 Other 4 Pushing vehicle      99 Unknown 5 Approaching or leaving vehicle				<b>Where was the non-motorist prior to the crash?</b> 1 Marked crosswalk at intersection      6 Median (but not on shoulder) 2 At intersection but no crosswalk      7 Island 3 Non-intersection crosswalk      8 Shoulder 4 In roadway      9 Sidewalk 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
<b>Safety Equipment?</b> 0 None used      9 Lighting 6 Helmet      10 Other 7 Protective pads (elbows, knees, etc.)      99 Unknown 8 Reflective clothing		<b>Injured?</b> 1 Fatal Non-fatal injury: 2 Incapacitating      5 No injury 3 Non-incapacitating      99 Unknown 4 Possible		<b>Transported for Medical Care?</b> 1 Not transported      97 Other 2 EMS (emergency service)      99 Unknown 3 Police If transported, please indicate Hospital/Medical Facility:					

### Section F: Crash Conditions

<b>Light Conditions</b> 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	<b>Weather Conditions (up to two)</b> 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	<b>Traffic Control Device</b> 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	<b>Was the traffic control device functioning at the time of the crash?</b>  1 ___ Yes  2 ___ No	<b>Road Surface</b> 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	<b>Roadway Intersection Type</b> 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
<b>Trafficway Description</b> 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	<b>School Bus Related?</b>  1 ___ Yes  2 ___ No	<b>Work Zone Related?</b>  1 ___ Yes  2 ___ No	<b>Manner of Collision</b> 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 black; 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 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 O = Pedestrian/Non-motorist  = North
		Select one of the following if the crash did not occur on a public way: <input type="checkbox"/> Off-street parking lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> 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

Print \_\_\_\_\_ Date \_\_\_\_\_  
 "Signed under Pains and Penalties of Perjury"