



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 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 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:

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 _____

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 the 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 # _____ Street/Roadway Name _____

OR: d) Landmark _____

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 T _ Doubles/triples X _ Tank and Hazardous transport	
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 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><u>Collision with</u></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 | <ul style="list-style-type: none"> 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><u>Non-Collision</u></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)		10 Undercarriage 11 Totaled
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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		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 Switch in OFF position	3 ON-OFF switch not present
2 Front seat - middle	10 Sleeper section of cab	1 Lap belt only	2 Lap belt only	2 Deployed-side	3 ON-OFF switch not present	4 Unknown if switch is present	99 Unknown
3 Front seat - right side	11 Enclosed passenger area	3 Shoulder belt only	4 Child safety seat	3 Deployed both front and side	4 Not deployed		
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	5 Helmet	99 Unknown	4 Not applicable			
5 Second seat - middle	13 Trailing unit			99 Unknown			
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						
E. Ejected From Vehicle?	F. Trapped?	G. Injured?		H. Transported for Medical Care?			
0 Not ejected	0 Not trapped	1 Fatal injury	5 No injury	1 Not transported	97 Other		
1 Totally ejected	1 Freed by mechanical means	<u>Non-fatal injury</u>		2 EMS (emergency service)	99 Unknown		
2 Partially ejected	2 Freed by non-mechanical means	2 Incapacitating	99 Unknown	3 Police			
3 Not applicable		3 Non-incapacitating					
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? <u> </u> Yes <u> </u> No		Moped? <u> </u> Yes <u> </u> No		Hit and Run? <u> </u> Yes <u> </u> 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 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	
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Vehicle Travel Direction _ N _ S _ E _ W	What Was The Vehicle Doing Prior to 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					

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?		Injured?		Transported for Medical Care?	
0 None used	9 Lighting	1 Fatal injury	5 No 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	99 Unknown	3 Police	
8 Reflective clothing		3 Non-incapacitating		If transported, please indicate Hospital/Medical Facility:	
		4 Possible			

