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:

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 _____

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 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
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
6 Single-unit truck (2 axles)
7 Single-unit truck (3 or more axles)
8 Truck/trailer
9 Truck tractor (bobtail)
10 Tractor/semi-trailer
11 Tractor/doubles
12 Tractor/triples
13 Unknown heavy truck
14 Motor home/recreational vehicle
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
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
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

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

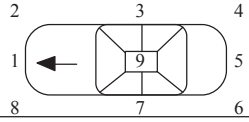
Non-Collision

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?** __Yes __No

Vehicle Damaged Area

(circle up to three)



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
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)
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
9 Third row - right side
10 Sleeper section of cab
11 Enclosed passenger area
12 Unenclosed passenger area
13 Trailing unit
14 Riding on vehicle exterior
97 Other
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

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
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

H. Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
99 Unknown

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
2 Light truck (van, mini-van, pick-up, sport utility)
3 Motorcycle
4 Bus (15 or more passengers)
5 Bus (7-15 passengers)
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7 Single-unit truck (3 or more axles)
8 Truck/trailer
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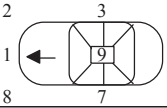
97 Other
99 Unknown

Full Name of Vehicle Owner (Last, First, Middle)	Street Address City/Town State Zip

Vehicle Travel Direction
__N __S
__E __W

What Was the Vehicle Doing Prior to the Crash?
1 Travelling straight ahead
2 Slowing or stopped
3 Turning right
4 Turning left
5 Changing lanes
6 Entering traffic lane
7 Leaving traffic lane
8 Making U-turn
9 Overtaking/passing
10 Backing
11 Parked
97 Other
99 Unknown

Vehicle Damaged Area (circle up to three)



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

What was the non-motorist doing prior to the crash?
1 Entering or crossing location
2 Walking, running, or cycling
3 Working
4 Pushing vehicle
5 Approaching or leaving vehicle
6 Working on vehicle
7 Standing
97 Other
99 Unknown

Where was the non-motorist prior to the crash?
1 Marked crosswalk at intersection
2 At intersection but no crosswalk
3 Non-intersection crosswalk
4 In roadway
5 Not in roadway
6 Median (but not on shoulder)
7 Island
8 Shoulder
9 Sidewalk
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

Safety Equipment?
0 None used
6 Helmet
7 Protective pads (elbows, knees, etc.)
8 Reflective clothing
9 Lighting
10 Other
99 Unknown

Injured?
1 Fatal injury
Non-fatal injury:
2 Incapacitating
3 Non-incapacitating
4 Possible
5 No injury
99 Unknown

Transported for Medical Care?
1 Not transported
2 EMS (emergency service)
3 Police
97 Other
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 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

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:
___ Off-street parking lot
___ Garage
___ Mall/shopping center
___ 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"