



# 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:
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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.

<p><b>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</b></p> <p><b>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</b></p> <p>Route# _____ Name of Roadway/Street _____</p> <p><b>Step 2: What was the name (or names) of the intersecting streets?</b></p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	<b>OR</b>	<p><b>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</b></p> <p><b>Step 1: Please indicate the route, roadway and address where the crash occurred:</b></p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p><b>Step 2: Please provide as much of the following specific location information as possible:</b></p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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## 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
Your Full Name (Last, First, Middle)		Street Address	
Insurance Company		Vehicle Registration #	Reg. State
Full Name of Vehicle Owner (Last, First, Middle)		Street Address	
City/Town		State	
Zip		Zip	

<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			

<b>What Was Your Vehicle Doing Prior to the Crash?</b>					
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		

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>d</sup> (if applicable)?	What happened 3 <sup>d</sup> (if applicable)?	What happened 4 <sup>th</sup> (if applicable)?
□	□	□	□

<p><b>Collision with</b></p> <p>1 Motor vehicle in traffic</p> <p>2 Parked motor vehicle</p> <p>3 Pedestrian</p> <p>4 Cyclist</p> <p>5 Animal- deer</p> <p>6 Animal- other</p> <p>7 Moped</p> <p>8 Work zone maintenance equipment</p> <p>9 Railway vehicle (train, engine)</p> <p>10 Other movable object</p> <p>11 Unknown movable object</p> <p>20 Curb</p> <p>21 Tree</p> <p>22 Utility pole</p>	<p><b>Non-Collision</b></p> <p>23 Light pole or other post/support</p> <p>24 Guardrail</p> <p>25 Median barrier</p> <p>26 Ditch</p> <p>27 Embankment/Sloping shoulder</p> <p>28 Highway traffic signpost</p> <p>29 Overhead sign support</p> <p>30 Fence</p> <p>31 Mailbox</p> <p>32 Crash cushion/Impact attenuator</p> <p>33 Bridge</p> <p>34 Bridge overhead structure</p> <p>35 Other fixed object (wall, building, tunnel)</p> <p>36 Unknown fixed object</p>
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Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Vehicle Damaged Area</b></p> <p>(circle up to three)</p>	<p>2 3 4</p> <p>1 ← 5</p> <p>8 7 6</p> <p>0 None</p> <p>10 Undercarriage</p> <p>11 Totaled</p> <p>97 Other</p> <p>99 Unknown</p>
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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
<b>Driver (See previous page)</b>											
<b>Name of Passenger 1</b> (Last, First, Middle)	Address										
	City/Town			State			Zip				
<b>Name of Passenger 2</b> (Last, First, Middle)	Address										
	City/Town			State			Zip				
<b>Name of Passenger 3</b> (Last, First, Middle)	Address										
	City/Town			State			Zip				

<b>A. Seating Position</b>		<b>B. Safety System Used</b>		<b>C. Air Bag Status</b>		<b>D. Air Bag Switch</b>	
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 Deployed-side	2 Switch in OFF position
2 Front seat - middle	10 Sleeper section of cab	2 Lap belt only	3 Shoulder belt only	3 Deployed both front and side	3 ON-OFF switch not present	4 Not deployed	4 Unknown if switch is present
3 Front seat - right side	11 Enclosed passenger area	3 Shoulder belt only	4 Child safety seat	5 Not applicable	99 Unknown	99 Unknown	
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	4 Child safety seat	5 Helmet				
5 Second seat - middle	13 Trailing unit	5 Helmet	99 Unknown				
6 Second seat - right side	14 Riding on vehicle exterior	99 Unknown					
7 Third row - left side (or motorcycle passenger)	97 Other						
8 Third row - middle	99 Unknown						

<b>E. Ejected From Vehicle?</b>		<b>F. Trapped?</b>		<b>G. Injured?</b>		<b>H. Transported for Medical Care?</b>	
0 Not ejected	1 Totally ejected	0 Not trapped	1 Freed by mechanical means	1 Fatal injury	2 Incapacitating	1 Not transported	97 Other
1 Partially ejected	2 Not applicable	2 Freed by non-mechanical means	99 Unknown	<u>Non-fatal injury:</u>	3 Non-incapacitating	2 EMS (emergency service)	99 Unknown
2 Not applicable	99 Unknown			2 Incapacitating	5 No injury	3 Police	
99 Unknown				4 Possible	99 Unknown		

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

<b>Number of occupants in the Vehicle:</b> _____		<b>Number of injured occupants:</b> _____		<b>Was Vehicle Damage above \$1000?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Moped?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hit and Run?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number	License State	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	License Class <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Unknown	Commercial Driver's License Endorsements H <input type="checkbox"/> Hazardous N <input type="checkbox"/> Tank vehicles T <input type="checkbox"/> Doubles/Triples X <input type="checkbox"/> Tank and Hazardous	P <input type="checkbox"/> 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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<b>Vehicle Travel Direction</b>	<b>What Was the Vehicle Doing Prior to the Crash?</b>						<b>Vehicle Damaged Area</b> (circle up to three)			
	<input type="checkbox"/> N <input type="checkbox"/> S	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other	2	3	4	0 None
	<input type="checkbox"/> E <input type="checkbox"/> W	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown	1	5	6	10 Undercarriage
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing						11 Totaled	
									97 Other	
									99 Unknown	

## Section E: Non-Motorist(s) Involved in the Crash

<b>Indicate the type of non-motorist involved</b>		1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown	
<b>What was the non-motorist doing prior to the crash?</b>				<b>Where was the non-motorist prior to the crash?</b>			
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			5 Not in roadway	99 Unknown

Date of Birth/Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town		State Zip	
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<b>Safety Equipment?</b>		<b>Injured?</b>		<b>Transported for Medical Care?</b>	
0 None used	9 Lighting	1 Fatal 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	3 Police		
8 Reflective clothing		3 Non-incapacitating	<b>If transported, please indicate Hospital/Medical Facility:</b>		
		4 Possible	5 No injury		
			99 Unknown		

## 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<b>Work Zone Related?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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	Grid for drawing the crash diagram	<p><b>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:</b></p> <p>→ = Direction                  1 = Vehicle 1 (Your Vehicle)                  2 = Vehicle 2                  O = Pedestrian/Non-motorist   = North</p> <p><b>Select one of the following if the crash did not occur on a public way:</b></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

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