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

<table>
<thead>
<tr>
<th>City/Town Where Crash Occurred</th>
<th>Date of Crash</th>
<th>Time of Crash</th>
<th># Vehicles Involved</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Route#</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
</table>

**Step 2:** What was the name (or names) of the intersecting streets?

<table>
<thead>
<tr>
<th>Route#</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
</table>

**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) __________

- Mile Marker number: __________
- Exit Number: __________
- Intersecting Street/Roadway: __________
- Route#: __________

### Section B: Vehicle You Were Driving

<table>
<thead>
<tr>
<th>Number of occupants in vehicle (including yourself):</th>
<th>Was vehicle damage above $1000?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License Number</td>
<td>License State</td>
<td>Date of Birth</td>
<td>Age</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------</td>
<td>---------------</td>
<td>----</td>
</tr>
<tr>
<td>Your Full Name (Last, First, Middle)</td>
<td>Street Address</td>
<td>City/Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**Determine your type of vehicle**

- 1. Passenger car
- 2. Light truck (van, minivan)
- 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)

**Full Name of Vehicle Owner (Last, First, Middle)**

**What Was Your Vehicle Doing Prior to the Crash?**

<table>
<thead>
<tr>
<th>Vehicle Travel Direction</th>
<th>What Was Your Vehicle Doing Prior to the Crash?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N S E W</td>
<td>Travelling straight ahead</td>
</tr>
<tr>
<td></td>
<td>Slow down or stopped</td>
</tr>
<tr>
<td></td>
<td>Turning right</td>
</tr>
</tbody>
</table>

Please indicate the sequence of events as they occurred to YOUR vehicle by writing the corresponding number (1-52, or 97-99) in the boxes below.

<table>
<thead>
<tr>
<th>What happened first?</th>
<th>What happened 2nd (if applicable)?</th>
<th>What happened 3rd (if applicable)?</th>
<th>What happened 4th (if applicable)?</th>
</tr>
</thead>
</table>

**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
- 12. Curb
- 13. Tree
- 14. Utility pole

**Non-Collision**

- 46. Run off road right
- 47. Jackknife
- 48. Cargo/equipment loss or shift

**Was your Vehicle Towed From the Scene Due to Damage?**

<table>
<thead>
<tr>
<th>Vehicle Damaged Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

(circle up to three)
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.

<table>
<thead>
<tr>
<th>Date of Birth/Age</th>
<th>Sex</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>Name of Medical Facility</th>
</tr>
</thead>
</table>

Driver (See previous page)

Name of Passenger 1 (Last, First, Middle)

Name of Passenger 2 (Last, First, Middle)

Name of Passenger 3 (Last, First, Middle)

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

B. Safety System Used

1. None used
2. Shoulder and lap belt
3. Lap belt only
4. Shoulder belt only
5. Child safety seat
6. Helmet

C. Air Bag Status

1. Deployed - front
2. Deployed - side
3. Deployed both - front and side
4. Unknown if switch is present

D. Air Bag Switch

1. Switch in ON position
2. Switch in OFF position
3. ON-OFF switch not present
4. Unknown

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

Number of occupants in the vehicle:

Full Name of Vehicle Driver (Last, First, Middle)

Insurance Company

Full Name of Vehicle Owner (Last, First, Middle)

Vehicle Travel Direction

What Was the Vehicle Doing Prior to the Crash?

1. Travelling straight ahead
2. Turning left
3. Slowing or stopped
4. Turning right
5. Entering traffic lane
6. Exiting traffic lane
7. Overtaking/Passing

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

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

What was the non-motorist doing prior to the crash?

1. Marked crosswalk at intersection
2. Unmarked crosswalk at intersection
3. Non-intersection crosswalk
4. In roadway
5. Not in roadway

Where was the non-motorist prior to the crash?

1. Marked crosswalk at intersection
2. Unmarked crosswalk at intersection
3. Non-intersection crosswalk
4. In roadway
5. Not in roadway

Safety Equipment?

1. None used
2. Helmet
3. Protective pads (elbows, knees, etc.)
4. Reflective clothing

Injured?

1. Fatal injury
2. Non-fatal injury
3. Incapacitating
4. Possible

Transported for Medical Care?

1. Not transported
2. EMS (emergency service)
3. Police
**Section F: Crash Conditions**

<table>
<thead>
<tr>
<th>Light Conditions</th>
<th>Weather Conditions (up to two)</th>
<th>Traffic Control Device</th>
<th>Was the traffic control device functioning at the time of the crash?</th>
<th>Road Surface</th>
<th>Roadway Intersection Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Daylight</td>
<td>1 Clear</td>
<td>1 No controls</td>
<td>1 __ Yes</td>
<td>1 Dry</td>
<td>1 Not at intersection</td>
</tr>
<tr>
<td>2 Dawn</td>
<td>2 Cloudy</td>
<td>2 Stop signs</td>
<td>2 __ No</td>
<td>2 Wet</td>
<td>2 Four-way intersection</td>
</tr>
<tr>
<td>3 Dusk</td>
<td>3 Rain</td>
<td>3 Traffic control signal</td>
<td>3 __ No</td>
<td>3 Snow</td>
<td>3 T-intersection</td>
</tr>
<tr>
<td>4 Dark - lighted roadway</td>
<td>4 Snow</td>
<td>4 Flashing traffic control signal</td>
<td>4 __ No</td>
<td>4 Ice</td>
<td>4 Y-intersection</td>
</tr>
<tr>
<td>5 Dark - roadway not lighted</td>
<td>5 Sleet, hail, freezing rain</td>
<td>5 Yield signs</td>
<td>5 __ No</td>
<td>5 Sand, mud, dirt, oil, gravel</td>
<td>4 Off-ramp</td>
</tr>
<tr>
<td>6 Dark - unknown roadway lighting</td>
<td>6 Fog, smog, smoke</td>
<td>6 School zone signs</td>
<td>6 __ No</td>
<td>6 Water (standing, moving)</td>
<td>5 Traffic circle</td>
</tr>
<tr>
<td>7 Severe crosswinds</td>
<td>7 Severe crosswinds</td>
<td>7 Warning signs</td>
<td>7 __ No</td>
<td>7 Slush</td>
<td>6 Five-point or more</td>
</tr>
<tr>
<td>8 Blowing sand, snow</td>
<td>8 Blowing sand, snow</td>
<td>8 Railroad crossing device</td>
<td>8 __ No</td>
<td>8 Unknown</td>
<td>7 Driveway</td>
</tr>
<tr>
<td>99 Other</td>
<td>99 Other</td>
<td>99 Unknown</td>
<td>99 __ No</td>
<td>99 Unknown</td>
<td>8 Railway grade crossing</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Trafficway Description</th>
<th>School Bus Related?</th>
<th>Work Zone Related?</th>
<th>Manner of Collision</th>
<th>Property and Damage Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Two-way, not divided</td>
<td>1 __ Yes</td>
<td>1 __ Yes</td>
<td>1 Single vehicle crash</td>
<td>1 Property and Damage Description</td>
</tr>
<tr>
<td>2 Two-way, divided, unprotected median</td>
<td>2 __ No</td>
<td>2 __ No</td>
<td>2 Rear-end</td>
<td>2 Property and Damage Description</td>
</tr>
<tr>
<td>3 Two-way, divided, protected median</td>
<td></td>
<td></td>
<td>3 Angle</td>
<td>3 Property and Damage Description</td>
</tr>
<tr>
<td>4 One-way, not divided</td>
<td></td>
<td></td>
<td>4 Sideswipe, same direction</td>
<td>4 Property and Damage Description</td>
</tr>
<tr>
<td>99 Unknown</td>
<td></td>
<td></td>
<td>5 Sideswipe, opposite direction</td>
<td>5 Property and Damage Description</td>
</tr>
</tbody>
</table>

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
- Vehicle 1 (Your Vehicle)
- Vehicle 2
- 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 G: Crash Diagram**

<table>
<thead>
<tr>
<th>Witness Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section H: Witness Information**

<table>
<thead>
<tr>
<th>Witness Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section I: Property Damage Information (Other than Vehicles)**

<table>
<thead>
<tr>
<th>Owner Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
<th>Property and Damage Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section J: Description of What Happened**

<table>
<thead>
<tr>
<th>Owner Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
<th>Property and Damage Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section K: Signature**

"Signed under Pains and Penalties of Perjury"