



# Commonwealth of Massachusetts Motor Vehicle Crash Operator Report

## When should I complete a Crash Report?

M.G.L. Chapter 90, Section 26 requires a person who was operating a motor vehicle involved in a crash in which (i) any person was killed or (ii) injured or (iii) in which there was damage in excess of \$1,000 to any one vehicle or other property, to complete and file a Crash Operator Report with the Registrar within five (5) days after such crash (unless the person is physically incapable of doing so due to incapacity). The person completing the report must also send a copy of the report to the police department having jurisdiction on the way where the crash occurred. If the operator is incapacitated but is not the vehicle's owner, the owner is required to file the crash report within the five (5) days based on his/her knowledge and information obtained about the crash. The Registrar may require the owner or operator to supplement the report and he/she can revoke or suspend the license of any person violating any provision of this legal requirement. A police department is required to accept a report filed by an owner or operator whose vehicle has been damaged in a crash in which another person unlawfully left the scene even if damage to the vehicle does not exceed \$1,000.

## 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 the local police department or state police 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:

Registry of Motor Vehicles  
Crash Records  
P.O. Box 55889  
Boston, MA 02205-5889

## A. Crash Location

<b>A1.</b> City/Town Where Crash Occurred	<b>A2.</b> Date of Crash	<b>A3.</b> Time of Crash	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>A4.</b> # 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.

**A5.** Did the crash occur at an intersection of two or more streets?  Yes  No

**If Yes.** **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 \_\_\_\_\_

**If No.** **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) \_\_\_\_\_ (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 \_\_\_\_\_

## B. Vehicle You Were Driving

**B1.** Number of occupants in vehicle (including yourself): \_\_\_\_\_ **B2.** Was vehicle damage above \$1000?  Yes  No

<b>B3.</b> Driver's License Number	<b>B4.</b> License State	<b>B5.</b> DOB	<b>B6.</b> Age	<b>B7.</b> Sex	<input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> U	<b>B8.</b> License Class	<input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> Unknown <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> M
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**B9.** Commercial Driver's License Endorsements  P (Passenger transport)  T (Doubles/Triples)  
 H (Hazardous)  X (Tank and Hazardous)  N (Tank vehicles)  S School Bus

**B10.** Vehicle Travel Direction  N  S  E  W

**B11.** Your Full Name (Last, First, Middle) \_\_\_\_\_ **B12.** Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>B13.</b> Insurance Company	<b>B14.</b> Vehicle Registration #	<b>B15.</b> Reg. Type	<b>B16.</b> Reg. State	<b>B17.</b> Vehicle Year	<b>B18.</b> Vehicle Make
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**B19.** Indicate your type of vehicle

<input type="checkbox"/> 1 Passenger car	<input type="checkbox"/> 4 Bus (16 or more passengers)	<input type="checkbox"/> 9 Truck tractor (bobtail)	<input type="checkbox"/> 14 Motor home/recreational vehicle	<input type="checkbox"/> 17 All terrain vehicle(ATV)
<input type="checkbox"/> 2 Light truck (van, mini-van, pick-up, sport utility)	<input type="checkbox"/> 5 Bus (9-15 passengers)	<input type="checkbox"/> 10 Tractor/semi-trailer	<input type="checkbox"/> 15 Moped	<input type="checkbox"/> 18 Snowmobile
<input type="checkbox"/> 3 Motorcycle	<input type="checkbox"/> 6 Single-unit truck (2 axles)	<input type="checkbox"/> 11 Tractor/doubles	<input type="checkbox"/> 16 Low Speed Vehicle	<input type="checkbox"/> 97 Other
	<input type="checkbox"/> 7 Single-unit truck (3 or more axles)	<input type="checkbox"/> 12 Tractor/triples		<input type="checkbox"/> 99 Unknown
	<input type="checkbox"/> 8 Truck/trailer	<input type="checkbox"/> 13 Unknown heavy truck		

**B20.** Full Name of Vehicle Owner (Last, First, Middle) \_\_\_\_\_ **B21.** Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B22.** What Was Your Vehicle Doing Prior to the Crash?

<input type="checkbox"/> 1 Travelling straight ahead	<input type="checkbox"/> 3 Turning right	<input type="checkbox"/> 5 Changing lanes	<input type="checkbox"/> 8 Making U-turn	<input type="checkbox"/> 11 Parked
<input type="checkbox"/> 2 Slowing or stopped	<input type="checkbox"/> 4 Turning left	<input type="checkbox"/> 6 Entering traffic lane	<input type="checkbox"/> 9 Overtaking/passing	<input type="checkbox"/> 97 Other
		<input type="checkbox"/> 7 Leaving traffic lane	<input type="checkbox"/> 10 Backing	<input type="checkbox"/> 99 Unknown

**B23.** 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.

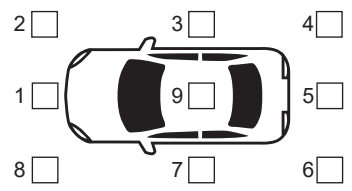
What happened first?	Second?	Third?	Fourth?
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- |  |  |  |   |   |   |
|--|--|--|---|---|---|
| <b>Collision with</b>                    | <b>9</b> Railway vehicle (train, engine)   | <b>25</b> Median barrier               | <b>32</b> Crash cushion/ Impact attenuator            | <b>Non-Collision</b>                                  | <b>47</b> Jackknife                     |
| <b>1</b> Motor vehicle in traffic        | <b>10</b> Other movable object             | <b>26</b> Ditch                        | <b>33</b> Bridge                                      | <b>40</b> Ran off road right                          | <b>48</b> Cargo/equipment loss or shift |
| <b>2</b> Parked motor vehicle            | <b>11</b> Unknown movable object           | <b>27</b> Embankment/ Sloping shoulder | <b>34</b> Bridge overhead structure                   | <b>41</b> Ran off road left                           | <b>49</b> Separation of units           |
| <b>3</b> Pedestrian                      | <b>20</b> Curb                             | <b>28</b> Highway traffic signpost     | <b>35</b> Other fixed object (wall, building, tunnel) | <b>42</b> Cross median/ centerline                    | <b>50</b> Downhill runaway              |
| <b>4</b> Cyclist                         | <b>21</b> Tree                             | <b>29</b> Overhead sign support        | <b>36</b> Unknown fixed object                        | <b>43</b> Overturn/rollover                           | <b>51</b> Other non-collision           |
| <b>5</b> Animal- deer                    | <b>22</b> Utility pole                     | <b>30</b> Fence                        |   | <b>44</b> Equipment failure (blown tire, brakes, etc) | <b>52</b> Unknown non-collision         |
| <b>6</b> Animal- other                   | <b>23</b> Light pole or other post/support | <b>31</b> Mailbox                      |   | <b>45</b> Fire/explosion                              | <b>97</b> Other                         |
| <b>7</b> Moped                           | <b>24</b> Guardrail                        |  |   | <b>46</b> Immersion                                   | <b>99</b> Unknown                       |
| <b>8</b> Work zone maintenance equipment |  |  |   |   |   |

**B24.** Was your Vehicle Towed from the Scene Due to Damage?  Yes  No

**B25.** Vehicle Damaged Area (check up to three)

<input type="checkbox"/> 0 None	<input type="checkbox"/> 97 Other
<input type="checkbox"/> 10 Undercarriage	<input type="checkbox"/> 99 Unknown
<input type="checkbox"/> 11 Totaled	



### 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.

<b>C1.</b> Passenger 1 (Last, First, Middle)	<b>C2.</b> Address	City	State	Zip Code	<b>C3.</b> DOB	<b>C4.</b> Sex
<b>C5.</b> Passenger 2 (Last, First, Middle)	<b>C6.</b> Address	City	State	Zip Code	<b>C7.</b> DOB	<b>C8.</b> Sex
<b>C9.</b> Passenger 3 (Last, First, Middle)	<b>C10.</b> Address	City	State	Zip Code	<b>C11.</b> DOB	<b>C12.</b> Sex

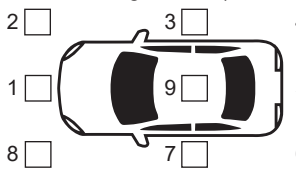
	Seating Position	Safety System Used	Air Bag Status	Ejected From Vehicle?	Trapped?	Injured?	Transported for Medical Care?	Name of Medical Facility
Driver								
Passenger 1								
Passenger 2								
Passenger 3								

<b>Seating Position</b> <b>1</b> Front seat - left side (or motorcycle driver) <b>2</b> Front seat - middle <b>3</b> Front seat - right side <b>4</b> Second seat - left side (or motorcycle passenger) <b>5</b> Second seat - middle <b>6</b> Second seat - right side <b>7</b> Third row - left side (or motorcycle passenger)		<b>8</b> Third row - middle <b>9</b> Third row - right side <b>10</b> Sleeper section of cab <b>11</b> Enclosed passenger area <b>12</b> Unenclosed passenger area <b>13</b> Trailing unit <b>14</b> Riding on vehicle exterior <b>97</b> Other <b>99</b> Unknown		<b>Safety System Used</b> <b>0</b> None used <b>1</b> Shoulder and lap belt <b>2</b> Lap belt only <b>3</b> Shoulder belt only <b>4</b> Child safety seat <b>5</b> Helmet <b>97</b> Unknown		<b>Air Bag Status</b> <b>1</b> Deployed-front <b>2</b> Deployed-side <b>3</b> Deployed both front and side <b>4</b> Not deployed <b>5</b> Not applicable <b>97</b> Unknown			
<b>Ejected From Vehicle?</b> <b>0</b> Not ejected <b>1</b> Totally ejected <b>2</b> Partially ejected		<b>3</b> Not applicable <b>97</b> Unknown		<b>Trapped?</b> <b>0</b> Not trapped <b>1</b> Freed by mechanical means <b>2</b> Freed by non-mechanical means <b>97</b> Unknown		<b>Injured?</b> <b>1</b> Fatal <b>7</b> Suspected serious injury <b>8</b> Suspected minor injury <b>9</b> Possible Injury <b>10</b> No apparent injury		<b>Transported for Medical Care?</b> <b>1</b> Not transported <b>2</b> EMS (emergency service) <b>3</b> Police <b>97</b> Other <b>99</b> Unknown	

### D. Other Vehicle(s) Involved in the Crash

<b>D1.</b> Number of occupants in the Vehicle:	<b>D2.</b> Number of injured occupants	<b>D3.</b> Was Vehicle Damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>D4.</b> Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>D5.</b> Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D6.</b> Driver's License Number	<b>D7.</b> License State	<b>D8.</b> DOB	<b>D9.</b> Age	<b>D10.</b> Sex <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> U	<b>D11.</b> License Class <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> Unknown <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> M		
<b>D12.</b> Commercial Driver's License Endorsements <input type="checkbox"/> P (Passenger transport) <input type="checkbox"/> T (Doubles/Triples) <input type="checkbox"/> H (Hazardous) <input type="checkbox"/> X (Tank and Hazardous) <input type="checkbox"/> N (Tank vehicles) <input type="checkbox"/> S School Bus				<b>D13.</b> Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			
<b>D14.</b> Name of Vehicle Driver (Last, First, Middle)		<b>D15.</b> Street Address		City	State	Zip Code	
<b>D16.</b> Insurance Company	<b>D17.</b> Vehicle Registration #	<b>D18.</b> Reg. Type	<b>D19.</b> Reg. State	<b>D20.</b> Vehicle Year	<b>D21.</b> Vehicle Make		
<b>D22.</b> Indicate your type of vehicle <input type="checkbox"/> 1 Passenger car <input type="checkbox"/> 2 Light truck (van, mini-van, pick-up, sport utility) <input type="checkbox"/> 3 Motorcycle		<input type="checkbox"/> 4 Bus (16 or more passengers) <input type="checkbox"/> 5 Bus (9-15 passengers) <input type="checkbox"/> 6 Single-unit truck (2 axles) <input type="checkbox"/> 7 Single-unit truck (3 or more axles) <input type="checkbox"/> 8 Truck/trailer		<input type="checkbox"/> 9 Truck tractor (bobtail) <input type="checkbox"/> 10 Tractor/semi-trailer <input type="checkbox"/> 11 Tractor/doubles <input type="checkbox"/> 12 Tractor/triples <input type="checkbox"/> 13 Unknown heavy truck		<input type="checkbox"/> 14 Motor home/recreational vehicle <input type="checkbox"/> 15 Moped <input type="checkbox"/> 16 Low Speed Vehicle <input type="checkbox"/> 17 All terrain vehicle(ATV) <input type="checkbox"/> 18 Snowmobile <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown	
<b>D23.</b> Full Name of Vehicle Owner (Last, First, Middle)		<b>D24.</b> Street Address		City	State	Zip Code	

<b>D25.</b> What Was Your Vehicle Doing Prior to the Crash? <input type="checkbox"/> 1 Travelling straight ahead <input type="checkbox"/> 2 Slowing or stopped <input type="checkbox"/> 3 Turning right <input type="checkbox"/> 4 Turning left			<input type="checkbox"/> 5 Changing lanes <input type="checkbox"/> 6 Entering traffic lane <input type="checkbox"/> 7 Leaving traffic lane <input type="checkbox"/> 8 Making U-turn			<input type="checkbox"/> 9 Overtaking/passing <input type="checkbox"/> 10 Backing <input type="checkbox"/> 11 Parked <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown			<b>D26.</b> Vehicle Damaged Area (check up to three) <input type="checkbox"/> 0 None <input type="checkbox"/> 10 Undercarriage <input type="checkbox"/> 11 Totaled <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown		
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**H. Witness Information**

<b>H1.</b> Witness Name (Last, First, Middle)	<b>H2.</b> Street Address	City	State	Zip Code	<b>H3.</b> Phone
<b>H4.</b> Witness Name (Last, First, Middle)	<b>H5.</b> Street Address	City	State	Zip Code	<b>H6.</b> Phone

**I. Property Damage Information (Other than Vehicles)**

<b>I1.</b> Owner Name (Last, First, Middle)	<b>I2.</b> Street Address	<b>I3.</b> Phone	<b>I4.</b> Property and Damage Description
<b>I5.</b> Owner Name (Last, First, Middle)	<b>I6.</b> Street Address	<b>I7.</b> Phone	<b>I8.</b> Property and Damage Description

**J. Description of What Happened****K. Signature**

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"Signed under Pains and Penalties of Perjury"

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Print

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Date

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