

# Commonwealth of Massachusetts Motor Vehicle Crash Operator Report

## When Must a Crash Report be filed with the Registrar?

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:

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:
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.			
<b>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</b>  <b>Step 1:</b> Please indicate the route or roadway where you were travelling when the crash occurred:  Route# _____ Name of Roadway/Street _____  <b>Step 2:</b> What was the name (or names) of the intersecting streets?  Route# _____ Name of Roadway/Street _____  Route# _____ Name of Roadway/Street _____	<b>OR</b>	<b>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</b>  <b>Step 1:</b> 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: _____  <b>Step 2:</b> 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

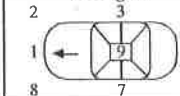
Number of occupants in vehicle (including yourself): _____		Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number	License State	Date of Birth	Age
			Sex ____ M ____ F
Your Full Name (Last, First, Middle)		Street Address	
		City/Town	
		State	
		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
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck
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	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	4 Turning left	7 Leaving traffic lane
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn
	3 Turning right	6 Entering traffic lane	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 <u>up to 4</u> boxes below.			
What happened first?	What happened 2 <sup>nd</sup> (if applicable)?	What happened 3 <sup>rd</sup> (if applicable)?	What happened 4 <sup>th</sup> (if applicable)?
□	□	□	□
<b>Collision with</b>		<b>Non-Collision</b>	
1 Motor vehicle in traffic	23 Light pole or other post/support	40 Ran off road right	
2 Parked motor vehicle	24 Guardrail	41 Ran off road left	
3 Pedestrian	25 Median barrier	42 Cross median/centerline	
4 Cyclist	26 Ditch	43 Overturn/rollover	
5 Animal- deer	27 Embankment/Sloping shoulder	44 Equipment failure (blown tire, brakes, etc)	
6 Animal- other	28 Highway traffic signpost	45 Fire/explosion	
7 Moped	29 Overhead sign support	46 Immersion	
8 Work zone maintenance equipment	30 Fence	47 Jackknife	
9 Railway vehicle (train, engine)	31 Mailbox	48 Cargo/equipment loss or shift	
10 Other movable object	32 Crash cushion/Impact attenuator	49 Separation of units	
11 Unknown movable object	33 Bridge	50 Downhill runaway	
20 Curb	34 Bridge overhead structure	51 Other non-collision	
21 Tree	35 Other fixed object (wall, building, tunnel)	52 Unknown non-collision	
22 Utility pole	36 Unknown fixed object	97 Other	
		99 Unknown	
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)		
		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									
<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)				0 None used				1 Deployed-front		1 Switch in ON position			
2 Front seat - middle				1 Shoulder and lap belt				2 Deployed-side		2 Switch in OFF position			
3 Front seat - right side				2 Lap belt only				3 Deployed both front and side		3 ON-OFF switch not present			
4 Second seat - left side (or motorcycle passenger)				3 Shoulder belt only				4 Not deployed		4 Unknown if switch is present			
5 Second seat - middle				4 Child safety seat				5 Not applicable		99 Unknown			
6 Second seat - right side				5 Helmet				99 Unknown					
7 Third row - left side (or motorcycle passenger)				99 Unknown									
8 Third row - middle													
<b>E. Ejected From Vehicle?</b>		<b>F. Trapped?</b>		<b>G. Injured?</b>				<b>H. Transported for Medical Care?</b>					
0 Not ejected		0 Not trapped		1 Fatal injury				1 Not transported					
1 Totally ejected		1 Freed by mechanical means		Non-fatal injury:				2 EMS (emergency service)					
2 Partially ejected		2 Freed by non-mechanical means		2 Incapacitating				3 Police					
3 Not applicable		99 Unknown		3 Non-incapacitating				99 Other					
99 Unknown				4 Possible				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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hit and Run? <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 <input type="checkbox"/> H <input type="checkbox"/> Hazardous <input type="checkbox"/> N <input type="checkbox"/> Tank vehicles <input type="checkbox"/> P <input type="checkbox"/> Passenger transport <input type="checkbox"/> T <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> X <input type="checkbox"/> Tank and Hazardous		
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		
<b>Indicate 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						
Full Name of Vehicle Owner (Last, First, Middle)					Street Address		City/Town		State Zip	
Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?					Vehicle Damaged Area (circle up to three)				
<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	1 Travelling straight ahead 4 Turning left 7 Leaving traffic lane 10 Backing 97 Other					2 3 4 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown				
	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

<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					1 Marked crosswalk at intersection					
2 Walking, running, or cycling					2 At intersection but no crosswalk					
3 Working					3 Non-intersection crosswalk					
4 Pushing vehicle					4 In roadway					
5 Approaching or leaving vehicle					5 Not in roadway					
6 Working on vehicle					6 Median (but not on shoulder)					
7 Standing					7 Island					
97 Other					8 Shoulder					
99 Unknown					9 Sidewalk					
					10 Shared-use path or trails					
					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
<b>Safety Equipment?</b>				<b>Injured?</b>				<b>Transported for Medical Care?</b>		
0 None used				1 Fatal injury				1 Not transported		
6 Helmet				Non-fatal injury:				2 EMS (emergency service)		
7 Protective pads (elbows, knees, etc.)				2 Incapacitating				3 Police		
8 Reflective clothing				3 Non-incapacitating				99 Unknown		
				4 Possible				99 Unknown		
				5 No injury				If transported, please indicate Hospital/Medical Facility:		
				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 area for drawing the crash diagram)	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: <input type="checkbox"/> Off-street parking lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> 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

(Large text area for describing the crash incident)

### Section K: Signature

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