



# 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:
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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>	OR	<p><b>SECTION A2: Complete this Section if the crash did NOT 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	Sex _M_ _F_	License Class _D_ _A_ _B_ _C_ _M_ _Unknown_	Commercial Driver's License Endorsements H_ Hazardous N_ Tank vehicles P_ Passenger transport T_ Doubles/Triples X_ Tank and Hazardous	
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	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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Vehicle Travel Direction _N_ _S_ _E_ _W_	<b>What Was Your Vehicle Doing Prior to the Crash?</b>				
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	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.**

<b>What happened first?</b>	<b>What happened 2<sup>nd</sup> (if applicable)?</b>	<b>What happened 3<sup>rd</sup> (if applicable)?</b>	<b>What happened 4<sup>th</sup> (if applicable)?</b>
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

<p><b><u>Collision with</u></b></p> <p>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</p>	<p>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</p>	<p><b><u>Non-Collision</u></b></p> <p>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</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> <div style="text-align: center;"> </div> <p>0 None 10 Undercarriage 11 Totalled 97 Other 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 (Last, First, Middle)</b>	Address										
	City/Town			State			Zip				
<b>Name of Passenger 2 (Last, First, Middle)</b>	Address										
	City/Town			State			Zip				
<b>Name of Passenger 3 (Last, First, Middle)</b>	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	<u>Non-fatal injury:</u>	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	97 Other
99 Unknown		4 Possible	99 Unknown
		5 No injury	
		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	Commercial Driver's License Endorsements				
						H <input type="checkbox"/> Hazardous	N <input type="checkbox"/> Tank vehicles	P <input type="checkbox"/> Passenger transport		
						T <input type="checkbox"/> Doubles/Triples	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	<b>What Was the Vehicle Doing Prior to the Crash?</b>					<b>Vehicle Damaged Area (circle up to three)</b>				
<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
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown	1	5	6	11 Totaled	97 Other
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing			8	7	9	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		
2 Walking, running, or cycling		7 Standing		2 At intersection but no crosswalk		
3 Working		97 Other		3 Non-intersection crosswalk		
4 Pushing vehicle		99 Unknown		4 In roadway		
5 Approaching or leaving vehicle				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 <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		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				5 No injury		<b>If transported, please indicate Hospital/Medical Facility:</b>			
				3 Non-incapacitating					
				99 Unknown					
				4 Possible					

