



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>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</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? <u>Yes</u> <u>No</u>			
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	What Was Your Vehicle Doing Prior to the Crash?				
	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.

What happened first?	What happened 2 ^d (if applicable)?	What happened 3 ^d (if applicable)?	What happened 4 ^h (if applicable)?
<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>Collision with</p> <table style="width: 100%;"> <tr><td>1 Motor vehicle in traffic</td><td>23 Light pole or other post/support</td></tr> <tr><td>2 Parked motor vehicle</td><td>24 Guardrail</td></tr> <tr><td>3 Pedestrian</td><td>25 Median barrier</td></tr> <tr><td>4 Cyclist</td><td>26 Ditch</td></tr> <tr><td>5 Animal- deer</td><td>27 Embankment/Sloping shoulder</td></tr> <tr><td>6 Animal- other</td><td>28 Highway traffic signpost</td></tr> <tr><td>7 Moped</td><td>29 Overhead sign support</td></tr> <tr><td>8 Work zone maintenance equipment</td><td>30 Fence</td></tr> <tr><td>9 Railway vehicle (train, engine)</td><td>31 Mailbox</td></tr> <tr><td>10 Other movable object</td><td>32 Crash cushion/Impact attenuator</td></tr> <tr><td>11 Unknown movable object</td><td>33 Bridge</td></tr> <tr><td>20 Curb</td><td>34 Bridge overhead structure</td></tr> <tr><td>21 Tree</td><td>35 Other fixed object (wall, building, tunnel)</td></tr> <tr><td>22 Utility pole</td><td>36 Unknown fixed object</td></tr> </table>	1 Motor vehicle in traffic	23 Light pole or other post/support	2 Parked motor vehicle	24 Guardrail	3 Pedestrian	25 Median barrier	4 Cyclist	26 Ditch	5 Animal- deer	27 Embankment/Sloping shoulder	6 Animal- other	28 Highway traffic signpost	7 Moped	29 Overhead sign support	8 Work zone maintenance equipment	30 Fence	9 Railway vehicle (train, engine)	31 Mailbox	10 Other movable object	32 Crash cushion/Impact attenuator	11 Unknown movable object	33 Bridge	20 Curb	34 Bridge overhead structure	21 Tree	35 Other fixed object (wall, building, tunnel)	22 Utility pole	36 Unknown fixed object	<p>Non-Collision</p> <table style="width: 100%;"> <tr><td>40 Ran off road right</td></tr> <tr><td>41 Ran off road left</td></tr> <tr><td>42 Cross median/centerline</td></tr> <tr><td>43 Overturn/rollover</td></tr> <tr><td>44 Equipment failure (blown tire, brakes, etc)</td></tr> <tr><td>45 Fire/explosion</td></tr> <tr><td>46 Immersion</td></tr> <tr><td>47 Jackknife</td></tr> <tr><td>48 Cargo/equipment loss or shift</td></tr> <tr><td>49 Separation of units</td></tr> <tr><td>50 Downhill runaway</td></tr> <tr><td>51 Other non-collision</td></tr> <tr><td>52 Unknown non-collision</td></tr> <tr><td>97 Other</td></tr> <tr><td>99 Unknown</td></tr> </table>	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
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Was your Vehicle Towed From the Scene Due to Damage? <u>Yes</u> <u>No</u>	<p>Vehicle Damaged Area</p> <p>(circle up to three)</p>		<table style="width: 100%;"> <tr><td>0 None</td></tr> <tr><td>10 Undercarriage</td></tr> <tr><td>11 Totaled</td></tr> <tr><td>97 Other</td></tr> <tr><td>99 Unknown</td></tr> </table>	0 None	10 Undercarriage	11 Totaled	97 Other	99 Unknown
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