



# 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:
--------------------------------	---------------	----------------------------	----------------------

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: Please indicate the route or roadway where you were travelling when the crash occurred:</b>  Route# _____ Name of Roadway/Street _____  <b>Step 2: What was the name (or names) of the intersecting streets?</b>  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: Please indicate the route, roadway and address where the crash occurred:</b> The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____  <b>Step 2: Please provide as much of the following specific location information as possible:</b> 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_	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
--	----------------	-----------	-------	-----

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.

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><br>1 Motor vehicle in traffic<br>2 Parked motor vehicle<br>3 Pedestrian<br>4 Cyclist<br>5 Animal- deer<br>6 Animal- other<br>7 Moped<br>8 Work zone maintenance equipment<br>9 Railway vehicle (train, engine)<br>10 Other movable object<br>11 Unknown movable object<br>20 Curb<br>21 Tree<br>22 Utility pole<br>23 Light pole or other post/support<br>24 Guardrail<br>25 Median barrier<br>26 Ditch<br>27 Embankment/Sloping shoulder<br>28 Highway traffic signpost<br>29 Overhead sign support<br>30 Fence<br>31 Mailbox<br>32 Crash cushion/Impact attenuator<br>33 Bridge<br>34 Bridge overhead structure<br>35 Other fixed object (wall, building, tunnel)<br>36 Unknown fixed object | <b>Non-Collision</b><br>40 Ran off road right<br>41 Ran off road left<br>42 Cross median/centerline<br>43 Overturn/rollover<br>44 Equipment failure (blown tire, brakes, etc)<br>45 Fire/explosion<br>46 Immersion<br>47 Jackknife<br>48 Cargo/equipment loss or shift<br>49 Separation of units<br>50 Downhill runaway<br>51 Other non-collision<br>52 Unknown non-collision<br>97 Other<br>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)	2      3      4 	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
<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	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? Yes No	Moped? Yes No	Hit and Run? Yes No
Driver's License Number	License State	Date of Birth	Age	Sex M F
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

  

**Indicate 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

  

Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?	Vehicle Damaged Area (circle up to three)
N S E W	1 Travelling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown	0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown

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

Indicate the type of non-motorist involved	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	6 Median (but not on shoulder)	7 Island	8 Shoulder
2 Walking, running, or cycling	7 Standing	2 At intersection but no crosswalk	7 Shoulder	9 Sidewalk	10 Shared-use path or trails
3 Working	97 Other	3 Non-intersection crosswalk	9 Unknown		
4 Pushing vehicle	99 Unknown	4 In roadway			
5 Approaching or leaving vehicle		5 Not in roadway			

  

Date of Birth/Age	Sex M 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	1 Not transported
6 Helmet	<u>Non-fatal injury:</u>	2 EMS (emergency service)
7 Protective pads (elbows, knees, etc.)	2 Incapacitating	3 Police
8 Reflective clothing	3 Non-incapacitating	
	4 Possible	
	5 No injury	
	99 Unknown	

  

**If transported, please indicate Hospital/Medical Facility:**

