



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

A1. City/Town Where Crash Occurred _____ **A2.** Date of Crash _____ **A3.** Time of Crash ☐ AM ☐ PM **A4.** # 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.

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

B3. Driver's License Number _____

B4. License State _____

B5. DOB _____

B6. Age _____

B7. Sex ☐ M ☐ X ☐ F ☐ U

B8. License Class ☐ D ☐ A

☐ Unknown ☐ C ☐ B ☐ M

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 _____

B13. Insurance Company _____

B14. Vehicle Registration # _____

B15. Reg. Type _____

B16. Reg. State _____

B17. Vehicle Year _____

B18. Vehicle Make _____

B19. Indicate your type of vehicle ☐ 4 Bus (16 or more passengers)

☐ 1 Passenger car

☐ 2 Light truck (van, mini-van, pick-up, sport utility)

☐ 3 Motorcycle

☐ 5 Bus (9-15 passengers)

☐ 6 Single-unit truck (2 axles)

☐ 7 Single-unit truck (3 or more axles)

☐ 8 Truck/trailer

☐ 9 Truck tractor (bobtail)

☐ 10 Tractor/semi-trailer

☐ 11 Tractor/doubles

☐ 12 Tractor/triples

☐ 13 Unknown heavy truck

☐ 14 Motor home/recreational vehicle

☐ 15 Moped

☐ 16 Low Speed Vehicle

☐ 17 All terrain vehicle (ATV)

☐ 18 Snowmobile

☐ 97 Other

☐ 99 Unknown

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?

☐ 1 Travelling straight ahead

☐ 3 Turning right

☐ 2 Slowing or stopped

☐ 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

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?

Collision with

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

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

Non-Collision

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

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

B25. Vehicle Damaged Area (check up to three)

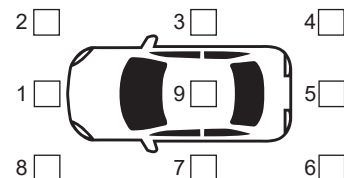
☐ 0 None

☐ 10 Undercarriage

☐ 11 Totaled

☐ 97 Other

☐ 99 Unknown



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.

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

Seating Position

- 1 Front seat - left side (or motorcycle driver)
- 2 Front seat - middle
- 3 Front seat - right side
- 4 Second seat - left side (or motorcycle passenger)
- 5 Second seat - middle
- 6 Second seat - right side
- 7 Third row - left side (or motorcycle passenger)

- 8 Third row - middle
- 9 Third row - right side
- 10 Sleeper section of cab
- 11 Enclosed passenger area
- 12 Unenclosed passenger area
- 13 Trailing unit
- 14 Riding on vehicle exterior
- 97 Other
- 99 Unknown

Safety System Used

- 0 None used
- 1 Shoulder and lap belt
- 2 Lap belt only
- 3 Shoulder belt only
- 4 Child safety seat
- 5 Helmet
- 97 Unknown

Air Bag Status

- 1 Deployed-front
- 2 Deployed-side
- 3 Deployed both front and side
- 4 Not deployed
- 5 Not applicable
- 97 Unknown

Ejected From Vehicle?

- 0 Not ejected
- 1 Totally ejected
- 2 Partially ejected
- 3 Not applicable
- 97 Unknown

Trapped?

- 0 Not trapped
- 1 Freed by mechanical means
- 2 Freed by non-mechanical means
- 97 Unknown

Injured?

- 1 Fatal
- 7 Suspected serious injury
- 8 Suspected minor injury
- 9 Possible Injury
- 10 No apparent injury

Transported for Medical Care?

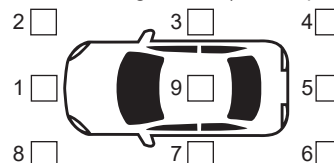
- 1 Not transported
- 2 EMS (emergency service)
- 3 Police
- 97 Other
- 99 Unknown

D. Other Vehicle(s) Involved in the Crash

D1. Number of occupants in the Vehicle:	D2. Number of injured occupants	D3. Was Vehicle Damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No	D4. Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No	D5. Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No
D6. Driver's License Number	D7. License State	D8. DOB	D9. Age	D10. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U
D11. 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			D12. 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	
D13. Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			D14. Name of Vehicle Driver (Last, First, Middle)	
D15. Street Address			City	State
D16. Insurance Company			D17. Vehicle Registration #	D18. Reg. Type
D19. Reg. State			D20. Vehicle Year	D21. Vehicle Make
D22. 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				
D23. Full Name of Vehicle Owner (Last, First, Middle)			D24. Street Address	City
			State	Zip Code

D25. What Was Your Vehicle Doing Prior to the Crash?

- ☐ 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

D26. Vehicle Damaged Area (check up to three)

- ☐ 0 None
- ☐ 10 Undercarriage
- ☐ 11 Totaled
- ☐ 97 Other
- ☐ 99 Unknown

E. Non-Motorist(s) Involved in the Crash

E1. Indicate the type of non-motorist involved ☐ 1 Pedestrian ☐ 2 Cyclist ☐ 3 Skater ☐ 97 Other ☐ 99 Unknown

E2. What was the non-motorist doing prior to the crash?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> 1 Entering or crossing location | <input type="checkbox"/> 4 Pushing vehicle | <input type="checkbox"/> 97 Other |
| <input type="checkbox"/> 2 Walking, running, or cycling | <input type="checkbox"/> 5 Approaching or leaving vehicle | <input type="checkbox"/> 99 Unknown |
| <input type="checkbox"/> 3 Working | <input type="checkbox"/> 6 Working on vehicle | |
| | <input type="checkbox"/> 7 Standing | |

E3. Where was the non-motorist prior to the crash?

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Marked crosswalk at intersection | <input type="checkbox"/> 4 In roadway | <input type="checkbox"/> 8 Shoulder |
| <input type="checkbox"/> 2 At intersection but no crosswalk | <input type="checkbox"/> 5 Not in roadway | <input type="checkbox"/> 9 Sidewalk |
| <input type="checkbox"/> 3 Non-intersection crosswalk | <input type="checkbox"/> 6 Median (but not on shoulder) | <input type="checkbox"/> 10 Shared-use path or trails |
| | <input type="checkbox"/> 7 Island | <input type="checkbox"/> 99 Unknown |

E4. Full Name of Non-Motorist (Last, First, Middle)

E5. Street Address

City

State

Zip Code

E6. DOB

E7. Sex

E8. Safety Equipment?

- | | |
|--|--|
| <input type="checkbox"/> 0 None used | <input type="checkbox"/> 8 Reflective clothing |
| <input type="checkbox"/> 6 Helmet | <input type="checkbox"/> 9 Lighting |
| <input type="checkbox"/> 7 Protective pads (elbows, knees, etc.) | <input type="checkbox"/> 10 Other |
| | <input type="checkbox"/> 99 Unknown |

E9. Injured?

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Fatal | <input type="checkbox"/> 8 Suspected minor injury | <input type="checkbox"/> 10 No apparent injury |
| <input type="checkbox"/> 7 Suspected serious injury | <input type="checkbox"/> 9 Possible Injury | |

E10. Transported for Medical Care?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> 1 Not transported | <input type="checkbox"/> 3 Police |
| <input type="checkbox"/> 2 EMS (emergency service) | <input type="checkbox"/> 97 Other |
| | <input type="checkbox"/> 99 Unknown |

E11. If transported, please indicate Hospital/Medical Facility:

F. Crash Conditions

F1. Light Conditions

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> 1 Daylight | <input type="checkbox"/> 97 Other |
| <input type="checkbox"/> 2 Dawn | <input type="checkbox"/> 99 Unknown |
| <input type="checkbox"/> 3 Dusk | |
| <input type="checkbox"/> 4 Dark - lighted roadway | |
| <input type="checkbox"/> 5 Dark - roadway not lighted | |
| <input type="checkbox"/> 6 Dark - unknown roadway lighting | |

F2. Weather Conditions (up to two)

- | | |
|---|---|
| <input type="checkbox"/> 1 Clear | <input type="checkbox"/> 7 Severe crosswinds |
| <input type="checkbox"/> 2 Cloudy | <input type="checkbox"/> 8 Blowing sand, snow |
| <input type="checkbox"/> 3 Rain | <input type="checkbox"/> 97 Other |
| <input type="checkbox"/> 4 Snow | <input type="checkbox"/> 99 Unknown |
| <input type="checkbox"/> 5 Sleet, hail, freezing rain | |
| <input type="checkbox"/> 6 Fog, smog, smoke | |

F3. Traffic Control Device

- | |
|--|
| <input type="checkbox"/> 1 No controls |
| <input type="checkbox"/> 2 Stop signs |
| <input type="checkbox"/> 3 Traffic control signal |
| <input type="checkbox"/> 4 Flashing traffic control signal |
| <input type="checkbox"/> 5 Yield signs |
| <input type="checkbox"/> 6 School zone signs |
| <input type="checkbox"/> 7 Warning signs |
| <input type="checkbox"/> 8 Railroad crossing device |
| <input type="checkbox"/> 99 Unknown |

F4. Road Surface

- | |
|---|
| <input type="checkbox"/> 1 Dry |
| <input type="checkbox"/> 2 Wet |
| <input type="checkbox"/> 3 Snow |
| <input type="checkbox"/> 4 Ice |
| <input type="checkbox"/> 5 Sand, mud, dirt, oil, gravel |
| <input type="checkbox"/> 6 Water (standing, moving) |
| <input type="checkbox"/> 7 Slush |
| <input type="checkbox"/> 97 Other |
| <input type="checkbox"/> 99 Unknown |

F5. Trafficway Description

- | |
|---|
| <input type="checkbox"/> 1 Two-way, not divided |
| <input type="checkbox"/> 2 Two-way, divided, unprotected median |
| <input type="checkbox"/> 3 Two-way, divided, protected median |
| <input type="checkbox"/> 4 One-way, not divided |
| <input type="checkbox"/> 99 Unknown |

F6. Manner of Collision

- | |
|--|
| <input type="checkbox"/> 1 Single vehicle crash |
| <input type="checkbox"/> 2 Rear-end |
| <input type="checkbox"/> 3 Angle |
| <input type="checkbox"/> 4 Sideswipe, same direction |
| <input type="checkbox"/> 5 Sideswipe, opposite direction |

- | |
|---|
| <input type="checkbox"/> 6 Head on |
| <input type="checkbox"/> 7 Rear to rear |
| <input type="checkbox"/> 99 Unknown |

F7. Roadway Intersection Type

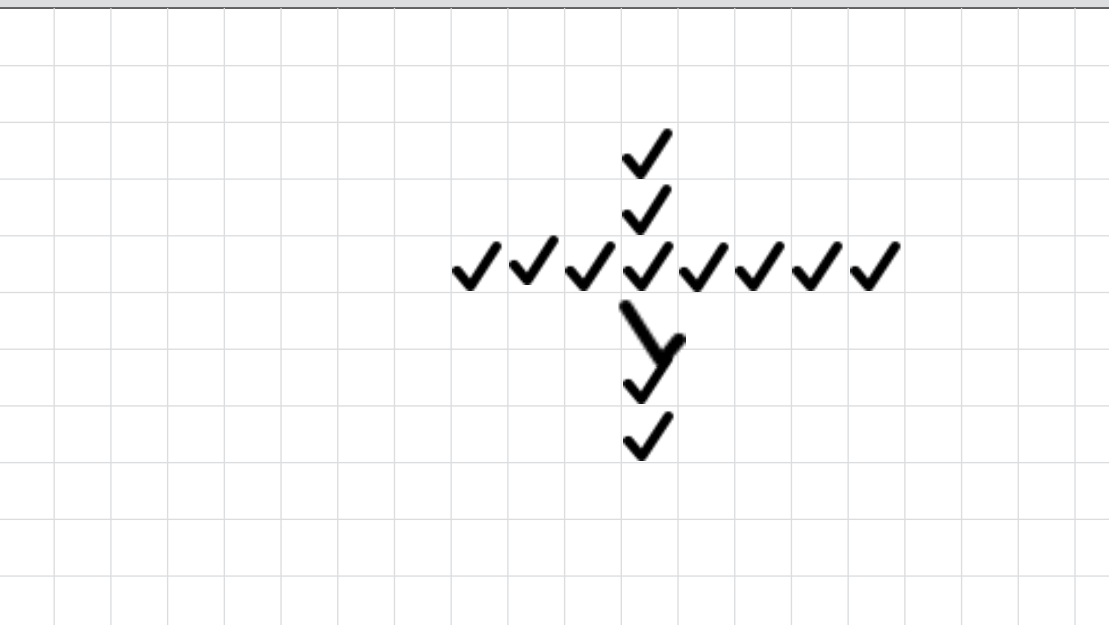
- | | |
|--|--|
| <input type="checkbox"/> 1 Not at intersection | <input type="checkbox"/> 7 Traffic circle |
| <input type="checkbox"/> 2 Four-way intersection | <input type="checkbox"/> 8 Five-point or more |
| <input type="checkbox"/> 3 T-intersection | <input type="checkbox"/> 9 Driveway |
| <input type="checkbox"/> 4 Y-intersection | <input type="checkbox"/> 10 Railway grade crossing |
| <input type="checkbox"/> 5 On ramp | <input type="checkbox"/> 99 Unknown |
| <input type="checkbox"/> 6 Off ramp | |

F8. Was the traffic control device functioning at the time of the crash? ☐ Yes ☐ No

F9. School Bus Related? ☐ Yes ☐ No

F10. Work Zone Related? ☐ Yes ☐ No

G. 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

- | |
|---|
| <input type="checkbox"/> 1 = Vehicle 1 (Your Vehicle) |
| <input type="checkbox"/> 2 = Vehicle 2 |
| <input type="checkbox"/> ○ = Pedestrian/Non-motorist |
| <input type="checkbox"/> ↗ = 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 |

H. Witness Information

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

I. Property Damage Information (Other than Vehicles)

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

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

"Signed under Pains and Penalties of Perjury"

Print

Yong Zhou

Date3/2/2020
