



# 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 A6 or A7.
- 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

<b>A1.</b> City/Town Where Crash Occurred	<b>A2.</b> Date of Crash	<b>A3.</b> Time of Crash	<input type="checkbox"/> AM	<b>A4.</b> # Vehicles Involved:
			<input type="checkbox"/> PM	

**A5.** Did the crash occur at an intersection of two or more streets?  Yes  No Please complete Section A6 or A7 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>A6. If Yes.</b>	<b>Step 1.</b> Please indicate the route or roadway where you were travelling when the crash occurred:	<b>A7. If No.</b>	<b>Step 1.</b> Please indicate the route, roadway and address where the crash occurred:
Route#	Name of Roadway/Street	The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as _____	
Route#	Name of Roadway/Street	<b>Step 2.</b> Please provide as much of the following specific location information as possible:	
Route#	Name of Roadway/Street	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 _____
Route#	Name of Roadway/Street		

## B. Vehicle You Were Driving

<b>B1.</b> Number of occupants in vehicle (including yourself):	<b>B2.</b> Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>B3.</b> Driver's License Number	<b>B4.</b> License State	<b>B5.</b> DOB	<b>B6.</b> Age	<b>B7.</b> Sex <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> U	<b>B8.</b> 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
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<b>B9.</b> 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	<b>B10.</b> Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
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<b>B11.</b> Your Full Name (Last, First, Middle)	<b>B12.</b> Street Address	City	State	Zip Code
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<b>B13.</b> Insurance Company	<b>B14.</b> Vehicle Registration #	<b>B15.</b> Reg. Type	<b>B16.</b> Reg. State	<b>B17.</b> Vehicle Year	<b>B18.</b> Vehicle Make
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<b>B19.</b> Indicate your type of vehicle <input type="checkbox"/> 4 Bus (16 or more passengers) <input type="checkbox"/> 1 Passenger car <input type="checkbox"/> 5 Bus (9-15 passengers) <input type="checkbox"/> 2 Light truck (van, mini-van, pick-up, sport utility) <input type="checkbox"/> 6 Single-unit truck (2 axles) <input type="checkbox"/> 3 Motorcycle <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
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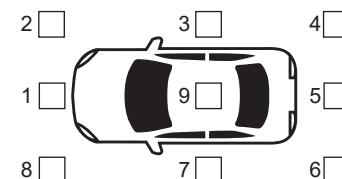
<b>B20.</b> Full Name of Vehicle Owner (Last, First, Middle)	<b>B21.</b> Street Address	City	State	Zip Code
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<b>B22.</b> What Was Your Vehicle Doing Prior to the Crash? <input type="checkbox"/> 1 Travelling straight ahead <input type="checkbox"/> 2 Slowing or stopped	<input type="checkbox"/> 3 Turning right <input type="checkbox"/> 4 Turning left	<input type="checkbox"/> 5 Changing lanes <input type="checkbox"/> 6 Entering traffic lane <input type="checkbox"/> 7 Leaving traffic lane	<input type="checkbox"/> 8 Making U-turn <input type="checkbox"/> 9 Overtaking/passing <input type="checkbox"/> 10 Backing	<input type="checkbox"/> 11 Parked <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown
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<b>B23.</b> 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?
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<b>Collision with</b> 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	<b>Non-Collision</b> 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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<b>B24.</b> Was your Vehicle Towed from the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>B25.</b> Vehicle Damaged Area (check up to three) <input type="checkbox"/> 0 None <input type="checkbox"/> 10 Undercarriage <input type="checkbox"/> 11 Totaled	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> 6
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**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.

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

	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								

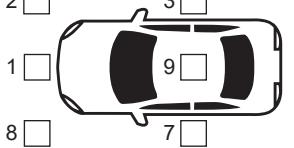
<b>Seating Position</b>	<b>Safety System Used</b>	<b>Air Bag Status</b>	
1 Front seat - left side (or motorcycle driver) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle 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	0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 97 Unknown	
<b>Ejected From Vehicle?</b>	<b>Trapped?</b>	<b>Injured?</b>	<b>Transported for Medical Care?</b>
0 Not ejected 1 Totally ejected 2 Partially ejected	3 Not applicable 97 Unknown 0 Not trapped 1 Freed by mechanical means 97 Unknown	2 Freed by non-mechanical means 97 Unknown 1 Fatal 7 Suspected serious injury 8 Suspected minor injury 9 Possible Injury 10 No apparent injury	1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown

#### D. Other Vehicle(s) Involved in the Crash

<b>D1. Number of occupants in the Vehicle:</b>	<b>D2. Number of injured occupants</b>	<b>D3. Was Vehicle Damage above \$1000?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>D4. Moped?</b>	<b>D5. Hit and Run?</b>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D6. Driver's License Number</b>	<b>D7. License State</b>	<b>D8. DOB</b>	<b>D9. Age</b>	<b>D10. Sex</b>	<b>D11. License Class</b>	<b>D12. Commercial Driver's License Endorsements</b>
				<input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> U	<input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> Unknown <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> M	<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
<b>D14. Name of Vehicle Driver (Last, First, Middle)</b>		<b>D15. Street Address</b>		City	State	Zip Code

<b>D16. Insurance Company</b>	<b>D17. Vehicle Registration #</b>	<b>D18. Reg. Type</b>	<b>D19. Reg. State</b>	<b>D20. Vehicle Year</b>	<b>D21. Vehicle Make</b>
<b>D22. Indicate your type of vehicle</b>					
1 Passenger car	4 Bus (16 or more passengers)	9 Truck tractor (bobtail)	14 Motor home/recreational vehicle	17 All terrain vehicle(ATV)	
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (9-15 passengers)	10 Tractor/semi-trailer	15 Moped	18 Snowmobile	
3 Motorcycle	6 Single-unit truck (2 axles)	11 Tractor/doubles	16 Low Speed Vehicle	97 Other	
	7 Single-unit truck (3 or more axles)	12 Tractor/triples		99 Unknown	
	8 Truck/trailer	13 Unknown heavy truck			

<b>D23. Full Name of Vehicle Owner (Last, First, Middle)</b>	<b>D24. Street Address</b>	City	State	Zip Code
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<b>D25. What Was Your Vehicle Doing Prior to the Crash?</b>	<b>D26. Vehicle Damaged Area (check up to three)</b>		
<input type="checkbox"/> 1 Travelling straight <input type="checkbox"/> ahead <input type="checkbox"/> 2 Slowing or stopped <input type="checkbox"/> 3 Turning right <input type="checkbox"/> 4 Turning left	<input type="checkbox"/> 5 Changing lanes <input type="checkbox"/> 6 Entering traffic lane <input type="checkbox"/> 7 Leaving traffic lane <input type="checkbox"/> 8 Making U-turn <input type="checkbox"/> 9 Overtaking/passing <input type="checkbox"/> 10 Backing <input type="checkbox"/> 11 Parked <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown		<input type="checkbox"/> 0 None <input type="checkbox"/> 10 Undercarriage <input type="checkbox"/> 11 Totaled <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown

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

E1. Indicate the type of non-motorist involved						<input type="checkbox"/> 1 Pedestrian	<input type="checkbox"/> 2 Cyclist	<input type="checkbox"/> 3 Skater	<input type="checkbox"/> 97 Other	<input type="checkbox"/> 99 Unknown
E2. What was the non-motorist doing prior to the crash?						E3. Where was the non-motorist 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"/> 1 Marked crosswalk at intersection	<input type="checkbox"/> 4 In roadway	<input type="checkbox"/> 8 Shoulder					
<input type="checkbox"/> 2 Walking, running, or cycling	<input type="checkbox"/> 5 Approaching or leaving vehicle	<input type="checkbox"/> 99 Unknown	<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 Working	<input type="checkbox"/> 6 Working on vehicle	<input type="checkbox"/> 7 Standing	<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?			E9. Injured?			E10. Transported for Medical Care?				
<input type="checkbox"/> 0 None used	<input type="checkbox"/> 8 Reflective clothing	<input type="checkbox"/> 1 Fatal	<input type="checkbox"/> 8 Suspected minor injury	<input type="checkbox"/> 10 No apparent injury	<input type="checkbox"/> 1 Not transported	<input type="checkbox"/> 3 Police				
<input type="checkbox"/> 6 Helmet	<input type="checkbox"/> 9 Lighting	<input type="checkbox"/> 7 Suspected serious injury	<input type="checkbox"/> 9 Possible Injury	<input type="checkbox"/> 2 EMS (emergency service)	<input type="checkbox"/> 97 Other					
<input type="checkbox"/> 7 Protective pads (elbows, knees, etc.)	<input type="checkbox"/> 10 Other	<input type="checkbox"/> 99 Unknown		<input type="checkbox"/> 99 Unknown						
E11. If transported, please indicate Hospital/Medical Facility:										

## F. Crash Conditions

F1. Light Conditions	F2. Weather Conditions (up to two)	F3. Traffic Control Device	F4. Road Surface
<input type="checkbox"/> 1 Daylight <input type="checkbox"/> 97 Other	<input type="checkbox"/> 1 Clear <input type="checkbox"/> 7 Severe crosswinds	<input type="checkbox"/> 1 No controls	<input type="checkbox"/> 1 Dry
<input type="checkbox"/> 2 Dawn <input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 8 Blowing sand, snow	<input type="checkbox"/> 2 Stop signs	<input type="checkbox"/> 2 Wet
<input type="checkbox"/> 3 Dusk	<input type="checkbox"/> 3 Rain <input type="checkbox"/> 97 Other	<input type="checkbox"/> 3 Traffic control signal	<input type="checkbox"/> 3 Snow
<input type="checkbox"/> 4 Dark - lighted roadway	<input type="checkbox"/> 4 Snow <input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 4 Flashing traffic control signal	<input type="checkbox"/> 4 Ice
<input type="checkbox"/> 5 Dark - roadway not lighted	<input type="checkbox"/> 5 Sleet, hail, freezing rain	<input type="checkbox"/> 5 Yield signs	<input type="checkbox"/> 5 Sand, mud, dirt, oil, gravel
<input type="checkbox"/> 6 Dark - unknown roadway lighting	<input type="checkbox"/> 6 Fog, smog, smoke	<input type="checkbox"/> 6 School zone signs	<input type="checkbox"/> 6 Water (standing, moving)
		<input type="checkbox"/> 7 Warning signs	<input type="checkbox"/> 7 Slush
		<input type="checkbox"/> 8 Railroad crossing device	<input type="checkbox"/> 97 Other
		<input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 99 Unknown
F5. Trafficway Description	F6. Manner of Collision	F7. Roadway Intersection Type	
<input type="checkbox"/> 1 Two-way, not divided	<input type="checkbox"/> 1 Single vehicle crash	<input type="checkbox"/> 1 Not at intersection	<input type="checkbox"/> 7 Traffic circle
<input type="checkbox"/> 2 Two-way, divided, unprotected median	<input type="checkbox"/> 2 Rear-end	<input type="checkbox"/> 2 Four-way intersection	<input type="checkbox"/> 8 Five-point or more
<input type="checkbox"/> 3 Two-way, divided, protected median	<input type="checkbox"/> 3 Angle	<input type="checkbox"/> 3 T-intersection	<input type="checkbox"/> 9 Driveway
<input type="checkbox"/> 4 One-way, not divided	<input type="checkbox"/> 4 Sideswipe, same direction	<input type="checkbox"/> 4 Y-intersection	<input type="checkbox"/> 10 Railway grade crossing
<input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 5 Sideswipe, opposite direction	<input type="checkbox"/> 5 On ramp	<input type="checkbox"/> 99 Unknown
<input type="checkbox"/> 6 Off ramp		<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

		Indicate North by Arrow
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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
- = Pedestrian/Non-motorist
- = North

Select one of the following if the crash did not occur on a public way:

- Off-street parking lot
- Garage
- Mall/shopping center
- Other private way

**H. Witness Information**

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

**I. Property Damage Information (Other than Vehicles)**

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

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

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"Signed under Pains and Penalties of Perjury"

Print

Date