

# Commonwealth of Massachusetts

## Motor Vehicle Crash Operator Report

### When Must a Crash Report be filed with the Registrar?

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:  
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 \_\_\_\_\_ 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.

**SECTION A1: Complete this Section if the crash occurred at an intersection:** \_\_\_\_\_

**SECTION A2: Complete this Section if the crash did NOT occur at an intersection:** \_\_\_\_\_

**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) \_\_\_\_\_ of \_\_\_\_\_ feet  
 (indicate direction as N/S/E/W) \_\_\_\_\_ of \_\_\_\_\_  
 a) Mile Marker number \_\_\_\_\_  
 OR: b) Exit Number \_\_\_\_\_  
 OR: c) Intersecting Street/Roadway \_\_\_\_\_ Route# \_\_\_\_\_  
 OR: d) Landmark \_\_\_\_\_  
 Name of Roadway/Street \_\_\_\_\_

**Section B: Vehicle You Were Driving**

Number of occupants in vehicle (including yourself): \_\_\_\_\_ Was vehicle damage above \$1000? Yes \_\_\_ No \_\_\_

Driver's License Number \_\_\_\_\_ License State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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
- 2 Light truck (van, mini-van, 5-7 passenger)
- 3 Motorcycle
- 4 Bus (15 or more passengers)
- 5 Bus (7-15 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

Full Name of Vehicle Owner (Last, First, Middle) \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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 2nd (if applicable)?  \_\_\_\_\_  
 What happened 3rd (if applicable)?  \_\_\_\_\_  
 What happened 4th (if applicable)?  \_\_\_\_\_

- 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
- Non-Collision**
- 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
- Vehicle Damaged Area** (circle up to three)
- 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 \_\_\_\_\_  
 8 \_\_\_\_\_  
 9 \_\_\_\_\_  
 10 Underride  
 11 Toted  
 97 Other  
 99 Unknown

Was your Vehicle Towed From the Scene Due to Damage? Yes \_\_\_ No \_\_\_

## Section C: You and Your Passengers

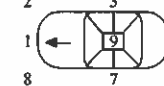
Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	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> 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		<b>B. Safety System Used</b> 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		<b>C. Air Bag Status</b> 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		<b>D. Air Bag Switch</b> 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
<b>E. Ejected From Vehicle?</b> 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		<b>F. Trapped?</b> 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		<b>G. Injured?</b> 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible		<b>H. Transported for Medical Care?</b> 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 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 ___	License Class D ___ A ___ B ___ C ___ M ___ Unknown	Commercial Driver's License H ___ Hazardous T ___ Doubles/Triples	Endorsements N ___ Tank vehicles X ___ Tank and Hazardous	P ___ Passenger transport		
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 2 Light truck (van, mini-van, pick-up, sport utility) 3 Motorcycle 4 Bus (15 or more passengers) 5 Bus (7-15 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 97 Other 99 Unknown										
Full Name of Vehicle Owner (Last, First, Middle)				Street Address		City/Town		State		Zip

<b>Vehicle Travel Direction</b> ___N ___S ___E ___W	<b>What Was the Vehicle Doing Prior to the Crash?</b> 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	<b>Vehicle Damaged Area (circle up to three)</b>  0 None 10 Undercarriage 11 Toted 97 Other 99 Unknown
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## 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> 1 Entering or crossing location 2 Walking, running, or cycling 3 Working 4 Pushing vehicle 5 Approaching or leaving vehicle 6 Working on vehicle 7 Standing 97 Other 99 Unknown		<b>Where was the non-motorist prior to the crash?</b> 1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 In roadway 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 M ___ F ___	Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town		State		Zip

<b>Safety Equipment?</b> 0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing		<b>Injured?</b> 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible		<b>Transported for Medical Care?</b> 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown	
<b>If transported, please indicate Hospital/Medical Facility:</b>					

"Signed under Pains and Penalties of Perjury"

Print

Date

Section K: Signature


Section J: Description of What Happened

Section I: Property Damage Information (Other than Vehicles)

Section H: Witness Information

Section G: Crash Diagram

Section F: Crash Conditions

Owner Name (Last, First, Middle)		Address		Phone		Property and Damage Description	
Witness Name (Last, First, Middle)		Address		Phone			
<p>Select one of the following if the crash did not occur on a public way:</p> <input type="checkbox"/> Other private way <input type="checkbox"/> Mall/shopping center <input type="checkbox"/> Garage <input type="checkbox"/> Off-street parking lot							
<p>using the following symbols:</p> <input type="checkbox"/> = Direction <input type="checkbox"/> = Vehicle 1 (Your Vehicle) <input type="checkbox"/> = Vehicle 2 <input type="checkbox"/> = Pedestrian/Non-motorist <input checked="" type="checkbox"/> = North							
<p>roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel</p>							
<p>Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel</p>							
<p>Indicate North by Arrow</p> 							
Trafficway Description		School Bus Related?		Work Zone Related?		Manner of Collision	
1 Two-way, divided, unprotected median 2 Two-way, divided, protected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown		1 Yes 2 No		1 Yes 2 No		1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction	
Light Conditions		Weather Conditions (up to two)		Traffic Control Device		Road Surface	
1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway 7 Other 99 Unknown		1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown		1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown		1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	
Roadway Intersection Type							
1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown							