

# 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 5589  
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:</b> Please indicate the route or roadway where you were travelling when the crash occurred:  Route# _____ Name of Roadway/Street  <b>Step 2:</b> What was the name (or names) of the intersecting streets?  Route# _____ Name of Roadway/Street  Route# _____ Name of Roadway/Street	<b>OR</b>	<b>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</b>  <b>Step 1:</b> 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: _____  <b>Step 2:</b> Please provide as much of the following specific location information as possible:  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 <input type="checkbox"/> M <input type="checkbox"/> F	License Class <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Unknown	Commercial Driver's License Endorsements <input type="checkbox"/> H Hazardous <input type="checkbox"/> N Tank vehicles <input type="checkbox"/> T Doubles/Triples <input type="checkbox"/> X Tank and Hazardous		P Passenger transport	
Your Full Name (Last, First, Middle)				Street Address		City/Town		State Zip	
Insurance Company				Vehicle Registration #		Reg. Type	Reg. State	Vehicle Year	Vehicle Make
<b>Indicate your type of vehicle</b>									
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	
<b>What Was Your Vehicle Doing Prior to the Crash?</b>									
Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		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)?**

### **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
---

Was your Vehicle Towed From the Scene Due to Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle Damaged Area</b> (circle up to three)	2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 0 <input type="text"/> None 1 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 10 Undercarriage 8 <input type="text"/> 7 <input type="text"/> 9 <input type="text"/> 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)	9 Third row - right side	0 None used	1 Deployed-front	1 Switch in ON position									
2 Front seat - middle	10 Sleeper section of cab	1 Shoulder and lap belt	2 Deployed-side	2 Switch in OFF position									
3 Front seat - right side	11 Enclosed passenger area	2 Lap belt only	3 Deployed both front and side	3 ON-OFF switch not present									
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	3 Shoulder belt only	4 Not deployed	4 Unknown if switch is present									
5 Second seat - middle	13 Trailing unit	4 Child safety seat	99 Unknown	99 Unknown									
6 Second seat - right side	14 Riding on vehicle exterior	5 Helmet											
7 Third row - left side (or motorcycle passenger)	97 Other	99 Unknown											
8 Third row - middle	99 Unknown												
<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 injury	1 Not transported	97 Other									
1 Totally ejected	1 Freed by mechanical means	Non-fatal injury:	2 EMS (emergency service)	99 Unknown									
2 Partially ejected	2 Freed by non-mechanical means	2 Incapacitating	3 Police										
3 Not applicable	99 Unknown	3 Non-incapacitating											
99 Unknown		4 Possible											

## 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 Endorsements H Hazardous T Doubles/Triples	Tank vehicles X Tank and Hazardous transport	P Passenger	
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 — N — S — E — W	What Was the Vehicle Doing Prior to the Crash?	Vehicle Damaged Area (circle up to three)			
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	2 3 4 0 None 1 5 8 10 Undercarriage 7 6 9 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	
What was the non-motorist doing prior to the crash?	Where was the non-motorist prior to the crash?					
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection	6 Median (but not on shoulder)			
2 Walking, running, or cycling	7 Standing	2 At intersection but no crosswalk	7 Island			
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder			
4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk			
5 Approaching or leaving vehicle		5 Not in roadway	10 Shared-use path or trails			
Date of Birth/Age	Sex — M — F	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip
Safety Equipment?			Injured?	Transported for Medical Care?		
0 None used	9 Lighting	1 Fatal injury	1 Not transported	97 Other		
6 Helmet	10 Other	Non-fatal injury:	2 EMS (emergency service)	99 Unknown		
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating	3 Police			
8 Reflective clothing		5 No injury				
		3 Non-incapacitating				
		4 Possible	If transported, please indicate Hospital/Medical Facility:			

## Section F: Crash Conditions

Light Conditions	Weather Conditions (up to two)	Traffic Control Device	Was the traffic control device functioning at the time of the crash?	Road Surface	Roadway Intersection Type
1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 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 ___ Yes 2 ___ No	1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	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
Trafficway Description		School Bus Related?	Work Zone Related?	Manner of Collision	
1 Two-way, not divided 2 Two-way, divided, unprotected 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	6 Head on 7 Rear to rear 99 Unknown

## Section G: Crash Diagram

 Indicate North by Arrow					
	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  = Vehicle 1 (Your Vehicle)  = 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					

## Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

## Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

## Section J: Description of What Happened


## Section K: Signature

Print _____	Date _____
"Signed under Pains and Penalties of Perjury"	