

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 any person was killed or injured, or 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 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 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.

NOTE: You are not required to file a *Crash Report* if the crash occurred on a private road, a driveway, a private parking lot, or other private way, but you may still be required to report any injury to a person or animal or property damage to the State or local police, property owner(s), and your insurer.

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	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.			
SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:	OR	SECTION A2: Complete this Section if the crash did NOT occur at an intersection:	
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 _____		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) _____ 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? <u>Yes</u> <u>No</u>			
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	What Was Your Vehicle Doing Prior to the Crash?						
	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 <u>up to 4</u> boxes below.							
What happened first?	What happened 2 nd (if applicable)?	What happened 3 rd (if applicable)?	What happened 4 th (if applicable)?				
□	□	□	□				
Collision with				Non-Collision			
1 Motor vehicle in traffic	23 Light pole or other post/support	40 Ran off road right					
2 Parked motor vehicle	24 Guardrail	41 Ran off road left					
3 Pedestrian	25 Median barrier	42 Cross median/centerline					
4 Cyclist	26 Ditch	43 Overturn/rollover					
5 Animal- deer	27 Embankment/Sloping shoulder	44 Equipment failure (blown tire, brakes, etc)					
6 Animal- other	28 Highway traffic signpost	45 Fire/explosion					
7 Moped	29 Overhead sign support	46 Immersion					
8 Work zone maintenance equipment	30 Fence	47 Jackknife					
9 Railway vehicle (train, engine)	31 Mailbox	48 Cargo/equipment loss or shift					
10 Other movable object	32 Crash cushion/Impact attenuator	49 Separation of units					
11 Unknown movable object	33 Bridge	50 Downhill runaway					
20 Curb	34 Bridge overhead structure	51 Other non-collision					
21 Tree	35 Other fixed object (wall, building, tunnel)	52 Unknown non-collision					
22 Utility pole	36 Unknown fixed object	97 Other					
		99 Unknown					
Was your Vehicle Towed From the Scene Due to Damage? <u>Yes</u> <u>No</u>	Vehicle Damaged Area (circle up to three)			0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown			

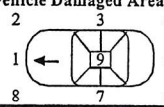
Section C: You and Your Passengers

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
Driver (See previous page)											
Name of Passenger 1 (Last, First, Middle)											
Address											
City/Town State Zip											
Name of Passenger 2 (Last, First, Middle)											
Address											
City/Town State Zip											
Name of Passenger 3 (Last, First, Middle)											
Address											
City/Town State Zip											

A. 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		B. 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 99 Unknown		C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
E. Ejected From Vehicle? 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		G. Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible		5 No injury 99 Unknown		H. Transported for Medical Care? 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 Endorsements H Hazardous N Tank vehicles P Passenger transport T Doubles/Triples X Tank and Hazardous		
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 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	
Vehicle Travel Direction _N_ _S_ _E_ _W	What Was the 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		Vehicle Damaged Area (circle up to three) 2 3 4 0 None 10 Undercarriage 11 Toted 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? 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			Where was the non-motorist prior to the crash? 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
Safety Equipment? 0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing		Injured? 1 Fatal injury Non-fatal injury: 2 Incapacitating 3 Non-incapacitating 4 Possible		5 No injury 99 Unknown		Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown	
If transported, please indicate Hospital/Medical Facility:							

Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	Weather Conditions (up to two) 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	Traffic Control Device 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	Was the traffic control device functioning at the time of the crash? 1 ___ Yes 2 ___ No	Road Surface 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
Trafficway Description 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	School Bus Related? 1 ___ Yes 2 ___ No	Work Zone Related? 1 ___ Yes 2 ___ No	Manner of Collision 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	[Grid for drawing 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  = 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

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