Commonwealth of Massachusetts
Motor Vehicle Crash Operator Report

When Should You File a Report
- You should file a report if you’re the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over $1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report
- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important
Data from this report is used for many purposes including:
- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

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 your local police department 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

<table>
<thead>
<tr>
<th>City/Town Where Crash Occurred</th>
<th>Date of Crash</th>
<th>Time of Crash</th>
<th># Vehicles Involved</th>
</tr>
</thead>
</table>

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:

1. **Step 1:** Please indicate the route or roadway where you were travelling when the crash occurred:
   - Route#: __________________________ Name of Roadway/Street

2. **Step 2:** What was the name (or names) of the intersecting streets?
   - Route#: __________________________ Name of Roadway/Street
   - Route#: __________________________ Name of Roadway/Street

**OR**

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

1. **Step 1:** Please indicate the route, roadway and address where the crash occurred:
   - The crash occurred on Route #: __________________________ at Street or Address Number: __________________________

2. **Step 2:** Please provide as much of the following specific location information as possible:
   - The crash occurred (estimate number of feet) __________________________ feet of:
   - a) Mile Marker number __________________________
   - OR: b) Exit Number __________________________
   - OR: c) Intersecting Street/Roadway __________________________
   - OR: d) Landmark __________________________

### Section B: Vehicle You Were Driving

<table>
<thead>
<tr>
<th>Number of occupants in vehicle (including yourself):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was vehicle damage above $1000? Yes No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver’s License Number</th>
<th>License State</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
</table>

**Indicate your type of vehicle**

1. Passenger car
2. Light truck (van, mini-van, pick-up, sport utility)
3. Motorcycle

**Was Your Vehicle Towed From the Scene Due to Damage? Yes No**

<table>
<thead>
<tr>
<th>Vehicle Damaged Area (circle up to three)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial Driver’s License Class</th>
<th>Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Full Name (Last, First, Middle)</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Vehicle Registration #</th>
<th>Reg. Type</th>
<th>Reg. State</th>
<th>Vehicle Year</th>
<th>Vehicle Make</th>
</tr>
</thead>
</table>

**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.**

**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
12. Curb
13. Tree
14. Utility pole
15. Light pole or other post/support
16. Guardrail
17. Median barrier
18. Ditch
19. Embankment/Sloping shoulder
20. Highway traffic signpost
21. Overhead sign support
22. Fence
23. Mailbox
24. Crash cushion/Impact attenuator
25. Bridge
26. Bridge overhead structure
27. Other fixed object (wall, building, tunnel)
28. Unknown fixed object

**Non-Collision**

1. Ran off road right
2. Ran off road left
3. Cross median/centerline
4. Overtake/rollerover
5. Equipment failure (blown tire, brakes, etc)
6. Fire/explosion
7. Immersion
8. Jackknife
9. Cargo/equipment loss or shift
10. Separation of units
11. Downhill runaway
12. Other non-collision
13. Unknown non-collision
14. Other
15. Unknown

<table>
<thead>
<tr>
<th>Vehicle Travel Direction</th>
<th>What Was Your Vehicle Doing Prior to the Crash?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>N</em></td>
<td><em>S</em></td>
</tr>
<tr>
<td>2 Slowing or stopped</td>
<td>5 Changing lanes</td>
</tr>
<tr>
<td>3 Turning right</td>
<td>6 Entering traffic lane</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happened first?</th>
<th>What happened 2nd (if applicable)?</th>
<th>What happened 3rd (if applicable)?</th>
<th>What happened 4th (if applicable)?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was your Vehicle Towed From the Scene Due to Damage? Yes No</th>
</tr>
</thead>
</table>

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### 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.

<table>
<thead>
<tr>
<th>Name of Passenger 1 (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
<th>Date of Birth/Age</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Vehicle Driver (Last, First, Middle)</td>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

### B. Safety System Used
- 0 None used
- 1 Shoulder and lap belt
- 2 Lap belt only
- 3 Child safety seat
- 4 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

### Section D: Other Vehicle(s) Involved in the Crash

<table>
<thead>
<tr>
<th>Number of occupants in the Vehicle:</th>
<th>Number of injured occupants:</th>
<th>Was Vehicle Damage above $1,000?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>What was the non-motorist doing prior to the crash?</th>
<th>Where was the non-motorist prior to the crash?</th>
</tr>
</thead>
</table>

### Safety Equipment?
0. None used
1. Helmet
2. Protective pads (elbows, knees, etc.)
9. Lighting
10. Other
99 Unknown

### Injured?
0. Fatal
1. Non-fatal injury:
2. Incapacitating
3. Non-incapacitating
9. Lighting
10. Other
99 Unknown

### Transferred for Medical Care?
0. Not transported
1. Emergency service
2. Police
99 Unknown

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**Note:** This is a sample representation of the document content. The actual document includes more detailed information and specific instructions for completing the form.