

# 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 O	ccurred				D	ate of C	rash				of Crash	1 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					<u>OR</u>		SECTION A2: Complete this Section if the crash did NOT occur at								
occurred at an intersection of two or more streets:  Step 1: Please indicate the route or roadway where you							intersection:  Step 1: Please indicate the route, roadway and address where the crash occ								
were travelling when the crash occurred:							The crash occurred on Route #: at Street or Address Number:								
						on the	on the Street/Roadway known as:								
Route# Step 2: What was the n		ne of Roadway		cting		Step 2	Step 2: Please provide as much of the following specific location information as pos								
Step 2: What was the name (or names) of the intersecting streets?							The ci	ash occurred	(estima	ite numbe	r of feet)		f	eet	
						(indicate direction as N/S/E/W) of  a) Mile Marker number									
Route# Name of Roadway/Street						OF	OR: b) Exit Number								
 Route#	Nam	e of Roadway	/Street			OF	OR: c) Intersecting Street/Roadway Name of Roadway/Street								
						OF	OR: d) Landmark								
			Se	ection	B: `	Vehic	le You	ı Were I	Orivir	ıg					
Number of occupants in v	ehicle (ii	ncluding your	self):		v	Vas vehicle damage above \$1000?YesNo									
Driver's License Number		License State	Date of I	Birth Ag	e Sex	М F	License Class D-A-B-C M-Unknown Commercial Driver's License Endorsemer H-Hazardous N-Tank vel T-Doubles/Triples X-Tank and								
Your Full Name (Last, Firs	t, Middle	)		Street A	ddress		M Unknown   T Doubles/Triples						State Zip		
Income of Comment	. Da	egistration # Reg. Type Reg. State Vehicle Year V						Vehicle Make							
Insurance Company Vehic					e Ke	gistrat	1011 #	Reg. Type	Reg.	State	venicie rear		venicie iviake	:	
Indicate your type of vo	ehicle								•		•	'			
` ' '							3 Truck/trailer 12 Tractor/triples 97 Other								
1 2 , , , , , , , , , , , , , , , , , ,									nown hear	•	hicle	99 Unkno	wn		
pick-up, sport utility) 6 Single-unit truck (2 axles) 10 Tractor/semi-trailer 14 Motor home/recreational vehicle 3 Motorcycle 7 Single-unit truck (3 or more axles) 11 Tractor/doubles															
Full Name of Vehicle Owner (Last, First, Middle)							Street	Address		C	lity/Town		State	Zip	
	What V	Was Your Ve	hicle Doi	ng Prior	to th	e Crash	1?								
Vehicle Travel Direction	Vehicle Travel Direction 1 Travelling straight ahead 4					g left	7	Leaving tra	iffic lan	e 10	Backing	ģ	97 Other		
N S E W I					-	ing lane g traffic l		Making U-t Overtaking/			Parked	9	9 Unknowr	1	
		, , ,													
Please Indicate the Sequ	ience of	Events as the	ey occurr	ed to YO	OUR '	Vehicle	by writi	ing the corre	spondii	ng numbe	er (1-52, or	97, 99) i	n <u>up to 4</u> b	oxes below.	
What happened first?	V	Vhat happene	ed 2 <sup>nd</sup> (if	applicab	le)?		Wha	t happened 3	3 <sup>rd</sup> (if a	pplicable	)? V	Vhat hap	pened 4 <sup>th</sup> (if	applicable)?	
G W										Non-Col	lision				
Collision with  Motor vehicle in traff	fic			ight pole	or oth	er post/s	upport		·	40 Rar	off road righ	t			
2 Parked motor vehicle 24 Guardrai											n off road left ss median/cen	iterline			
4 Cyclist 26 Ditch						43 Overturn/rollover oping shoulder 44 Equipment failure (blown tire, bra									
5 Animal-deer 2/ Embankmen											npment ranure e/explosion	e (biown	tire, brakes,	etc)	
6 Animal-other 29 Overhead sign											nersion				
8 Work zone maintenance equipment 30 Fence											kknife go/equipment	loss or s	hift		
9 Railway vehicle (train 10 Other movable object	ion/In	npact attenuator 49 Separation of units													
11 Unknown movable of	ridge ridge ove	rhead	50 Downhill runaway structure 51 Other non-collision												
20 Curb 34 Bridge overhea 21 Tree 35 Other fixed obj							ct (wall, building, tunnel) 52 Unknown non-collision								
21 Tree 22 Utility pole			36 U	nknown f	fixed o	bject				97 Oth 99 Unl	er known				
						1	Vehicle I	Damaged Are	a	2	3	4	0 None		
w with a	4.5	n		.,	. 7			J	-		<u> </u>	<b>*</b>	10 Unde	rcarriage	
was your venicle Towed Fro	Was your Vehicle Towed From the Scene Due to Damage?Yes						(circle	up to three)		1	-   1	)5	11 Totale 97 Other		
										8	7	6	99 Unkn		

		tion C: You a						6.1	با					
Please provide the full name, address, and I (yourself and all passengers). A list of the	possible codes is provi	sengers in your vehicle ided at the bottom of	e. Then write the this section.	correspond	ling c	ode 11	n each	of th	e box	tes fo	r each	1 0000	ıpant	of the vehicle
				Date of Birth/Age	Sex M/F	A	В	С	D	Е	F	G	Н	Name of Medical Facility
Driver (See previous page)				Dirtii/11gc	171/1									
Name of Passenger 1 (Last, First, Middle	1									<u> </u>		-		
Traine of Lassenger 1 (East, First, Wildlie	′ <del> </del>	Address												
	City/Town	State	Zip											
Name of Passenger 2 (Last, First, Middle	)													
	City/Town	Address	- 7in	Zip										
Name of Passenger 3 (Last, First, Middle	<u> </u>	Town State Zap				<u> </u>	<u> </u>							
		Address												
A Coating Position	City/Town	State		Sanatana II			A :	Dag	C4a4	T		n Day	. 6	4 alb
A. Seating Position  1 Front seat - left side (or motorcycle drive	er) 9 Third rov	w - right side	B. Safety S  0 None us	-	sea	1		Bag S				_	g Swi in ON	position
2 Front seat - middle	=	section of cab	1 Shoulde	r and lap	belt	2	_	ployed						F position
3 Front seat - right side 4 Second seat - left side (or motorcycle pa		l passenger area sed passenger area	2 Lap belt							•				
5 Second seat - middle	13 Trailing		5 Shoulde			,					9 Un			witch is present
6 Second seat - right side	=	n vehicle exterior					4 Not deployed 99 Ui 5 Not applicable							
7 Third row - left side (or motorcycle passo 8 Third row - middle	enger) 97 Other 99 Unknown	n	n .		99	99 Unknown								
E. Ejected From Vehicle? F. Trapped?		G. Injured?					H. To	ranspo	orted	for	Medi	cal C	are?	
0 Not ejected 0 Not trapped 1 Totally ejected 1 Freed by a	ed mechanical means	1 Fatal injury Non-fatal injury:						t trans	•		arria	(د		Other
2 Partially ejected 2 Freed by	non-mechanical means	2 Incapacitating		5 No inj	•		2 EMS (emergency service) 99 Unknown 3 Police							
3 Not applicable 99 Unknown 3 Non-incapacitating 99 Unknown 4 Possible														
,, , , , , , , , , , , , , , , , , , , ,	Section D:	Other Vehic	le(s) Invol	lved in	th	e C	ras	h						
Number of occupants in the Vehicle:	Number of injure	ed occupants:	Was Vehicle Da above \$1000?	amage	Yes	N	o Mo	ped?	Y	es _	_No	Hit a	ınd R	un? _Yes _No
Driver's License Number	License State Date o	of Birth Age Sex	License Cla	ass B	- 10	omme I F	ercial J Hazard	Driver' ous	s Lice	ense F	Endorse	ements	s icles	P_Passenger
E II N (I V. I. I. D (I v. I. E.	. M: 111.	M Street Address	- F M U	nknown	Т	_ D	Double	s/Tripl	es	_X_	_ Tan _ Tan	nk and	Hazar	dous transport
Full Name of Vehicle Driver (Last, Fir	st, Middle)	Street Address			City	Town	1					Sta	.te	Zip
Insurance Company		Vehicle Registrati	on # Reg	g. Type	Re	g. Stat	te	Vehi	icle Y	'ear		Vehi	cle M	ake
								L						
Indicate type of vehicle														
1	s (15 or more passenge		ck/trailer			or/tripl					97 C			
1 -	s (7-15 passengers) gle-unit truck (2 axles)		ck tractor (bobtail) tor/semi-trailer	,			eavy 1	truck eationa	al veh		99 L	Jnkno	wn	
1	gle-unit truck (3 or mo		tor/doubles											
Full Name of Vehicle Owner (Last, First		Street Addre				City/Town					Sta	ate	Zip	
Vehicle Travel What Was the Vehicle D	loing Prior to the Crs	ach?				—	Ve	hicle	Dama	aged	Area	(circl	e up t	to three)
Direction 1 Travelling straight ahea	9	7 Leaving traff	fic lane 10 Bac	rkina 07	Oth	or		2	_	$\frac{3}{1}$		4	(	None 10 Undercarriage
_N _S 2 Slowing or stopped	5 Changing lanes	=		•		known	1	1	-   )	域	) :	5	1	11 Totaled 97 Other
EW 3 Turning right		lane 9 Overtaking/	-					8		7		6		97 Other 99 Unknown
	Section E:	Non-Motoria	st(s) Invol	ved in	the	e Cı	ras	h						
Indicate the type of non-motorist involved		1 Pedestrian	2 Cyclist	t 3	Ska	er		97 C	Other		99	Un!	knowi	1
What was the non-motorist doing prio		L:_1_	Where was th			•					. (but	mot o		vildom)
1 Entering or crossing location 2 Walking, running, or cycling	6 Working on vel 7 Standing	mcie	1 Marked cro 2 At intersect							land	ı (but	пого	n sho	uider)
3 Working	97 Other 99 Unknown		3 Non-intersection crosswal			ζ.	8 Shoulder 9 Sidewalk							
4 Pushing vehicle 5 Approaching or leaving vehicle		4 In roadway 5 Not in roadway				10 Shared-use path or trails								
Date of Birth/Acc. G. Euil Nome	ant First Middle)	Cine Middle) Const Address				99 Unknown								
Date of Birth/Age   Sex											ate Zip			
Safety Equipment?  0 None used	Injured? 1 Fatal injury	Injured?							Transported for Medical Car 1 Not transported				7 Other	
6 Helmet	Non-fatal injury	Non-fatal injury:			2			2 EMS (emergency service) 99 Unkn				Unknown		
7 Protective pads (elbows, knees, etc.) 8 Reflective clothing		1				ot- TT	00=*4	l/Modiest Ec. 224						
Concense clouding		4 Possible	1 0			Unknown			.œu, ]	piease	maic	ане Н	ospita	umenicai racility:

			Section 1	F: Crash Co	nditions				
Light Conditions	Traffic Contr	ol Device	Was the traffic	Road Surface		Roadway Intersection Type			
1 Daylight	1 Clear		1 No control		control device	1 Dry			
2 Dawn	2 Cloudy		2 Stop signs		functioning at	2 Wet			
3 Dusk	3 Rain 4 Snow		3 Traffic cor 4 Flashing tr	affic control signal	the time of the crash?	3 Snow 4 Ice		1 Not at intersection	
4 Dark - lighted roadway 5 Dark - roadway not lighted	reezing rain	5 Yield signs	-	crasii:	5 Sand, mud, dirt	oil gravel	2 Four-way intersection		
6 Dark - unknown roadway	5 Sleet, hail, f 6 Fog, smog,	- 1	6 School zor		1 Yes	6 Water (standing		3 T-intersection	
lighting	7 Severe cros		7 Warning si	-		7 Slush	5/ 6/	4 Y-intersection 5 On ramp	
97 Other	8 Blowing sar	nd, snow	8 Railroad cr	rossing device	2 No	97 Other		6 Off ramp	
99 Unknown	97 Other		99 Unknown			99 Unknown		7 Traffic circle	
	99 Unknown							8 Five-point or more	
Trafficway Description		School Bus	Work Zor		of Collision			9 Driveway	
1 Two-way, not divided 2 Two-way, divided, unpr	entantad madian	Related?	Related?	1 Single 2 Rear-	e vehicle crash	6 Head on 7 Rear to		10 Railway grade crossing	
3 Two-way, divided, prot		1 Yes	1Ye			99 Unknow		99 Unknown	
4 One-way, not divided			4 Sides	wipe, same direction					
99 Unknown		2 No	2 N	5 Sides	wipe, opposite dire	ction			
			Section	G: Crash D	iagram				
			Section	G. Clash D	lagrain		-		
								draw a diagram of the ay or streets where the crash	
								red, indicating the vehicles	
Indicate								ed and direction of travel	
North by								the following symbols:	
Arrow							-	= Direction = Vehicle 1 (Your Vehicle)	
							2	= Vehicle 1 (Tour Vehicle) = Vehicle 2	
							0	= Pedestrian/Non-motorist	
							_ 🗷	= North	
							Select	one of the following if	
								ash did not occur on a	
							public		
								Off-street parking lot Garage	
								Mall/shopping center	
								Other private way	
			Section II	Witness In	Carres ati are				
Witness Name (Last First )	4: 1.11-\		Section H	: Witness In	lormation		l D	hone	
Witness Name (Last, First, M	riddie) F	Address					P	none	
	Soatio	n I. Duone	nty Domo	ga Informat	ion (Othor t	han Vehicles	.)		
Owner Name (Last, First, Mi		Address	rty Dailla	ige illiorillat	Phone		<u>′                                      </u>		
Owner Name (Last, First, Mi	ddie) F	Address			Phone	Property and	Damage D	escription	
		_C	I. B.		/log/111/g				
		Section	on J: Desc	ription of W	nat Happei	iea			
			Secti	ion K: Signa	ture				
						P.	to		
"Signed under Pains and P	enalties of Periury	,,,	Print			Da	ıe		