

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	Time of Crash ____:____ AM ____ PM	# Vehicles Involved:
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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.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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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
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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
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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 up to 4 boxes below.

What happened first?	What happened 2 nd (if applicable)?	What happened 3 rd (if applicable)?	What happened 4 th (if applicable)?
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

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|---|---|---|
| <p>Collision with</p> <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <p>Non-Collision</p> <ul style="list-style-type: none"> 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	Vehicle Damaged Area (circle up to three) <div style="display: flex; align-items: center; justify-content: center;"> </div>
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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.

		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			B. Safety System Used			C. Air Bag Status			D. Air Bag Switch			
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	2 Deployed-side	2 Switch in OFF position	3 Front seat - right side	11 Enclosed passenger area	3 Deployed both front and side	3 ON-OFF switch not present
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	2 Lap belt only	4 Not deployed	4 Unknown if switch is present	5 Second seat - middle	13 Trailing unit	5 Not applicable	5 Not applicable	7 Third row - left side (or motorcycle passenger)	14 Riding on vehicle exterior	99 Unknown	99 Unknown
8 Third row - middle	99 Unknown	99 Unknown	99 Unknown									

E. Ejected From Vehicle?			F. Trapped?			G. Injured?			H. Transported for Medical Care?			
0 Not ejected	1 Totally ejected	2 Partially ejected	3 Not applicable	99 Unknown	0 Not trapped	1 Freed by mechanical means	2 Freed by non-mechanical means	99 Unknown	1 Fatal injury	2 Incapacitating	3 Non-incapacitating	4 Possible
									5 No injury	99 Unknown	1 Not transported	97 Other
											2 EMS (emergency service)	99 Unknown
											3 Police	

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		Commercial Driver's License Endorsements			
						___M___Unknown		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	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	
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Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?								Vehicle Damaged Area (circle up to three)			
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other				0 None	10 Undercarriage	11 Totaled	
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown				97 Other			
3 Turning right	6 Entering traffic lane	9 Overtaking/passing							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		7 Island	
3 Working		97 Other		3 Non-intersection crosswalk		8 Shoulder		4 Pushing vehicle		99 Unknown		9 Shoulder	
5 Approaching or leaving vehicle				4 In roadway		9 Sidewalk						10 Shared-use path or trails	
				5 Not in roadway		99 Unknown						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?			Injured?			Transported for Medical Care?						
0 None used	6 Helmet	7 Protective pads (elbows, knees, etc.)	8 Reflective clothing	9 Lighting	10 Other	99 Unknown	1 Fatal injury	2 Incapacitating	3 Non-incapacitating	4 Possible	1 Not transported	97 Other
							2 EMS (emergency service)	99 Unknown	3 Police		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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Work Zone Related? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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

<p style="font-size: small;">Indicate North by Arrow</p>	<div style="border: 1px solid black; width: 100%; height: 100%; background-color: #f0f0f0;"></div>	<p>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:</p> <p>→ = Direction 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 O = Pedestrian/Non-motorist = North</p> <p>Select one of the following if the crash did not occur on a public way:</p> <p>— Off-street parking lot — Garage — Mall/shopping center — Other private way</p>
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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"