

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 <u>and</u> 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 Oc	ccurred		D	ate of Crash		1	Fime of Crasl	1 AM P	# Vehicles M 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: Compocurred at an intersection	lete this Section if th	<u>OR</u>		<u>)T</u> occur at an						
Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:				Step 1: Please	curred:					
were duvening when the crush occurrent				The crash occu	irred on Route	#:	_ at Street	or Address N	umber:	
Route#		on the Street/F	oadway knowr	n as:						
Step 2: What was the na streets?		Step 2: Please provide as much of the following specific location information as possi The crash occurred (estimate number of feet)								
	Name of Roadway		(indicate direction as N/S/E/W) of							
Route#		a) Mile Marker number OR: b) Exit Number								
	Name of Roadway	v/Street		OR: c) Intersecting Street/Roadway Route# Name of Roadway/Street						
		, Succe			ndmark					
		Section	on B: V	Vehicle Yo	u Were D	riving				
Number of occupants in v	ehicle (including your	self):	W	as vehicle dam	ige above \$100	0? _Yes	sNo			
Driver's License Number		Date of Birth	N	$M _F \begin{bmatrix} Licens \\ -D \\ -M \end{bmatrix}$	e Class AB Unknown	C H Ha T Do	azardous oubles/Triples	License Endors N Tan X Tan	k vehicles H k and Hazardous	P_Passenger transport
Your Full Name (Last, First	, Middle)	Stree	t Address			City/Tov	wn		State	Zip
Insurance Company		Veh	icle Reg	gistration #	Reg. Type	Reg. Stat	e Vehio	ele Year	Vehicle Make	
Indicate your type of ve	hicle								1	
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 7 Single-unit truck (3 or more axles) 11 Tractor/doubles 11 Tractor/doubles								1		
Full Name of Vehicle Ow		Street	Address		City/To	wn	State	Zip		
	What Was Your Ve	hicle Doing P	rior to the	e Crash?						
Vehicle Travel Direction	 Travelling straigh Slowing or stoppe 		4 Turning 5 Changi		 Leaving traff Making U-tu 		10 Back 11 Park	U	97 Other 99 Unknown	
NSEW	3 Turning right		0	e	Overtaking/p				<i>,,,</i> childown	
Please Indicate the Sequ	ence of Events as the	ev occurred to	YOUR	Vehicle by writ	ing the corres	ponding n	umber (1-	52. or 97. 99) in up to 4 box	es below.
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)?										
			cubic).				cubic).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pilcubic).
Collision with1Motor vehicle in traffi2Parked motor vehicle3Pedestrian4Cyclist5Animal- deer6Animal- other7Moped8Work zone maintenan9Railway vehicle (train10Other movable object11Unknown movable object21Tree22Utility pole	ce equipment , engine)	 24 Guardr 25 Mediar 26 Ditch 27 Emban 28 Highwa 29 Overhee 30 Fence 31 Mailboa 32 Crash of 33 Bridge 34 Bridge 35 Other f 	ail h barrier kment/Sloj ay traffic s ad sign su x cushion/In overhead	npact attenuator structure t (wall, building		Non 40 41 42 43 44 45 46 47 48 49 50 51 52 97 99	Overturn/ Equipmer Fire/explo Immersion Jackknife Cargo/equ Separation Downhill Other non-	ad left lian/centerlind rollover it failure (blow sion n ipment loss o n of units runaway	vn tire, brakes, et	c)
Was your Vehicle Towed Fro	m the Scene Due to Da	nage? _Yes	No		Damaged Area up to three)	2	-		4 0 None 10 Underca 5 11 Totaled 97 Other 6 99 Unknow	c .

				Passeng				of the	a har	as for	aaal		mont	of the risk	iala
Please provide the full name, address, and I (yourself and all passengers). A list of the	possible codes is provide	ed at the bottom of this	s section.	correspond	ing c	ode n	n each	or the	e box	es tor	each	i occu	ipant	or the ven	icie
				Date of Birth/Age	Sex M/F	А	В	С	D	Е	F	G	Н	Nam Medical	e of Facility
Driver (See previous page)				Bitul/Age	IVI/1										
Name of Passenger 1 (Last, First, Middle)	Address		-											
	City/Town State Zip														
Name of Passenger 2 (Last, First, Middle															
		Address													
	City/Town State														
Name of Passenger 3 (Last, First, Middle)	Address													
	City/Town	State	Zip												
A. Seating Position	I -		B. Safety S	System Us	ed	С	. Air	Bag S	Status	s D	. Air	· Bag	Swi	tch	
1 Front seat - left side (or motorcycle drive				sed 1 Deployed-front 1 Switch in ON position											
 Front seat - middle Front seat - right side 				er and lap belt 2 Deployed-side 2 Switch in OFF position						acont					
4 Second seat - left side (or motorcycle pa				t only 3 Deployed both 3 ON-OFF switch not front and side 4 Unknown if switch i					-						
5 Second seat - middle	•	13 Trailing unit 4 Child			afety seat 4 Not deployed					99	99 Unknown				
6 Second seat - right side7 Third row - left side (or motorcycle pass)	14 Riding on enger) 97 Other	5 Helmet						5 Not applicable							
8 Third row - middle	99 Unknown		99 Unknow	vn		99	0 Unk	nown	l						
E. Ejected From Vehicle? F. Trapped?		G. Injured?					H. Tr	anspo	orted	for l	Medio	cal C	are?		
0 Not ejected 0 Not trapp 1 Totally ejected 1 Freed by	ed nechanical means	1 Fatal injury Non-fatal injury:					1 Not 2 EM	trans	•		mia			Other Unknowr	
	non-mechanical means	2 Incapacitating		5 No inju	ıry		3 Poli		ieigei	icy so		-)	77	UIKIIOWI	1
3 Not applicable 99 Unknown 99 Unknown		3 Non-incapacitat 4 Possible	ting 9	99 Unknov	vn										
33 Olikilowi	Section D: (Other Vehicle	(s) Invo	lved in	th	e (ras	h							
Number of occupants in the Vehicle:	Number of injured		Vas Vehicle Date bove \$1000?						Ye	es	No	Hit a	nd R	un? _Ye	s No
Driver's License Number	License State Date of 1	Birth Age Sex	License Cla D A	ass D		omme	ercial I	Driver's	s Lice	nse Ei	ndorse	ements	3		
			M U	nknown		I	lazardo Doubles	ous /Triple	es	X^{N}_{X}	Tan	k vehi k and	cles Hazar	dous t	assenger ransport
Full Name of Vehicle Driver (Last, First, Middle) Street Address City/Town State Zip															
an mane of venicle Driver (Last, Fil	st, Middle)	treet Address			City/	Towr	1					Sta	te	Zip	
			# Do		-			Vahi	ala V						
Insurance Company		treet Address Vehicle Registration	# Reį	g. Type	-	Towr g. Sta		Vehi	cle Ye	ear			te cle M		
			# Reg		-			Vehi	cle Ye	ear					
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			Section F: C	rash Co	nditions			
Light Conditions	Weather Condit	ions (up to two)	Traffic Control Devi	ce	Was the traffic	Road Surface		Roadway Intersection Type
1 Daylight	1 Clear		1 No controls		control device	1 Dry		
2 Dawn	2 Cloudy		2 Stop signs		functioning at	2 Wet		
3 Dusk	3 Rain		3 Traffic control sig		the time of the			1 Not at intersection
4 Dark - lighted roadway 5 Dark - roadway not lighted	4 Snow 5 Sleet, hail, f	freezing rain	4 Flashing traffic co5 Yield signs	ntroi signal	crash?	4 Ice 5 Sand, mud, dirt	oil croust	2 Four-way intersection
6 Dark - unknown roadway	6 Fog, smog,	-	6 School zone signs		1Yes	6 Water (standing		5 I-Intersection
lighting	7 Severe cros	I	7 Warning signs		1 105	7 Slush	,, iiio (iiig)	4 Y-intersection
97 Other	8 Blowing sat	I	8 Railroad crossing	device	2 No 97 Other			5 On ramp 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 Zone	Manner	of Collision			9 Driveway
1 Two-way, not divided		Related?	Related?		e vehicle crash	6 Head on		10 Railway grade crossing
2 Two-way, divided, unp 3 Two-way, divided, prot		1Yes	1Yes	2 Rear- 3 Angle		7 Rear to 99 Unknow		99 Unknown
3 Two-way, divided, protected median 4 One-way, not divided					wipe, same direction			
99 Unknown		2 No	2 No	5 Sides	wipe, opposite dire	ction		
			Section G: (⁷ rach D	iagram			
\bigcirc					lagiam		Disease	duran a dia many af tha
								draw a diagram of the ay or streets where the crash
								ed, indicating the vehicles
Indicate								ed and direction of travel
North by							0	the following symbols:
Arrow								= Direction = Vehicle 1 (Your Vehicle)
								= Vehicle 2
							_	= Pedestrian/Non-motorist
								= North
								one of the following if
							the cra public	ash did not occur on a
								Off-street parking lot
							(Garage
								Mall/shopping center
							(Other private way
			Section H: Wi	tness In	formation			
Witness Name (Last, First, N	Aiddle)	Address					Pl	hone
	Sectio	n I. Dron	erty Damage I	format	ion (Other t	han Vahialaa	.)	
Owner Name (Last, First, M		Address	erty Damage I	normau	Phone	Property and		escription
owner runne (Lust, Frist, M		luicos			Thome	Troperty und	Duniuge D	seription
		Section	on J: Descripti	on of W	/hat Hanner	ned		
			Section k	: Signa	ture			
				a orgina				
"Signed under Deing or J P	analties of Paris-	" , ,	Print			Da	te	
"Signed under Pains and P	enances of Perjury	Ŷ						