

# 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><b>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</b></p> <p><b>Step 1:</b> Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p><b>Step 2:</b> 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>	<b>OR</b>	<p><b>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</b></p> <p><b>Step 1:</b> 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><b>Step 2:</b> 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? __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	
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	<b>What Was Your Vehicle Doing Prior to the Crash?</b>				
	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 <sup>nd</sup> (if applicable)?	What happened 3 <sup>rd</sup> (if applicable)?	What happened 4 <sup>th</sup> (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"/>

<p><b>Collision with</b></p> <p>1 Motor vehicle in traffic</p> <p>2 Parked motor vehicle</p> <p>3 Pedestrian</p> <p>4 Cyclist</p> <p>5 Animal- deer</p> <p>6 Animal- other</p> <p>7 Moped</p> <p>8 Work zone maintenance equipment</p> <p>9 Railway vehicle (train, engine)</p> <p>10 Other movable object</p> <p>11 Unknown movable object</p> <p>20 Curb</p> <p>21 Tree</p> <p>22 Utility pole</p>	<p>23 Light pole or other post/support</p> <p>24 Guardrail</p> <p>25 Median barrier</p> <p>26 Ditch</p> <p>27 Embankment/Sloping shoulder</p> <p>28 Highway traffic signpost</p> <p>29 Overhead sign support</p> <p>30 Fence</p> <p>31 Mailbox</p> <p>32 Crash cushion/Impact attenuator</p> <p>33 Bridge</p> <p>34 Bridge overhead structure</p> <p>35 Other fixed object (wall, building, tunnel)</p> <p>36 Unknown fixed object</p>	<p><b>Non-Collision</b></p> <p>40 Ran off road right</p> <p>41 Ran off road left</p> <p>42 Cross median/centerline</p> <p>43 Overturn/rollover</p> <p>44 Equipment failure (blown tire, brakes, etc)</p> <p>45 Fire/explosion</p> <p>46 Immersion</p> <p>47 Jackknife</p> <p>48 Cargo/equipment loss or shift</p> <p>49 Separation of units</p> <p>50 Downhill runaway</p> <p>51 Other non-collision</p> <p>52 Unknown non-collision</p> <p>97 Other</p> <p>99 Unknown</p>
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Was your Vehicle Towed From the Scene Due to Damage? __Yes __No	<p><b>Vehicle Damaged Area</b> (circle up to three)</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">1 ←</td> <td style="text-align: center;"> </td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> </tr> </table>	2	3	4	1 ←		5	8	7	6
2	3	4								
1 ←		5								
8	7	6								

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

<b>A. Seating Position</b>		<b>B. Safety System Used</b>		<b>C. Air Bag Status</b>		<b>D. Air Bag Switch</b>	
1 Front seat - left side (or motorcycle driver)	9 Third row - right side	0 None used	1 Shoulder and lap belt	1 Deployed-front	1 Switch in ON position	2 Switch in OFF position	3 ON-OFF switch not present
2 Front seat - middle	10 Sleeper section of cab	1 Lap belt only	2 Lap belt only	2 Deployed-side	2 Switch in OFF position	3 ON-OFF switch not present	4 Unknown if switch is present
3 Front seat - right side	11 Enclosed passenger area	2 Child safety seat	3 Shoulder belt only	3 Deployed both front and side	3 ON-OFF switch not present	4 Unknown if switch is present	99 Unknown
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	5 Helmet	4 Child safety seat	4 Not deployed	99 Unknown		
5 Second seat - middle	13 Trailing unit	99 Unknown	5 Helmet	5 Not applicable			
6 Second seat - right side	14 Riding on vehicle exterior		99 Unknown	99 Unknown			
7 Third row - left side (or motorcycle passenger)	97 Other						
8 Third row - middle	99 Unknown						
<b>E. Ejected From Vehicle?</b>		<b>F. Trapped?</b>		<b>G. Injured?</b>		<b>H. Transported for Medical Care?</b>	
0 Not ejected	0 Not trapped	1 Fatal injury	1 Not transported	1 Fatal injury	97 Other	2 EMS (emergency service)	99 Unknown
1 Totally ejected	1 Freed by mechanical means	<u>Non-fatal injury:</u>	2 EMS (emergency service)	2 Incapacitating	99 Unknown	3 Police	
2 Partially ejected	2 Freed by non-mechanical means	3 Non-incapacitating	3 Police	3 Non-incapacitating			
3 Not applicable	99 Unknown	4 Possible		5 No injury			
99 Unknown				99 Unknown			

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

<b>Number of occupants in the Vehicle:</b> _____		<b>Number of injured occupants:</b> _____		<b>Was Vehicle Damage above \$1000?</b> ___Yes ___No		<b>Moped?</b> ___Yes ___No		<b>Hit and Run?</b> ___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			
<b>Indicate type of vehicle</b>											
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	<b>What Was the Vehicle Doing Prior to the Crash?</b>					<b>Vehicle Damaged Area (circle up to three)</b>					
	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	0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown					
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing								

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

<b>Indicate the type of non-motorist involved</b>		1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown
<b>What was the non-motorist doing prior to the crash?</b>				<b>Where was the non-motorist prior to the crash?</b>		
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	2 At intersection but no crosswalk	7 Island			
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder			
4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk			
5 Approaching or leaving vehicle		5 Not in roadway	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
<b>Safety Equipment?</b>		<b>Injured?</b>		<b>Transported for Medical Care?</b>		
0 None used	9 Lighting	1 Fatal injury	1 Not transported	97 Other		
6 Helmet	10 Other	<u>Non-fatal injury:</u>	2 EMS (emergency service)	99 Unknown		
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating	3 Police			
8 Reflective clothing		3 Non-incapacitating				
		4 Possible				
			<b>If transported, please indicate Hospital/Medical Facility:</b>			

