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:
  Registry of Motor Vehicles
  P.O. Box 199100
  Boston, MA 02119-9100
Section A: Crash Location

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:

Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:

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

Route# __________________________ Name of Roadway/Street __________________________
Route# __________________________ Name of Roadway/Street __________________________

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

Step 1: Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #: _______ at Street or Address Number: ____________
on the Street/Roadway known as: ____________________________

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) ___________ feet
(indicate direction as N/S/E/W) ____________________ of
a) Mile Marker number _______ _______ _______ _______
OR: b) Exit Number __________
OR: c) Intersecting Street/Roadway __________________________
OR: d) Landmark __________________________

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 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 ____________
Sex __________________________________________ License Class __________________________ Commercial Driver’s License Endorsements __________________________

Your Full Name (Last, First, Middle) __________________________ Street Address __________________________ City/Town __________________________ State ________ Zip ________
Insurance Company __________________________

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 7 Single-unit truck (2 axles) 10 Tractor/semi-trailer 14 Motor home/recreational vehicle

Full Name of Vehicle Owner (Last, First, Middle) __________________________

Vehicle Damaged Area (circle up to three)

Was your Vehicle Towed From the Scene Due to Damage? __Yes __No

What Was Your Vehicle Doing Prior to the Crash?

Vehicle Travel Direction __________________________

_ N __ S __ E __ W

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 2nd (if applicable)? __________________________ __________________________ __________________________

What happened 3rd (if applicable)? __________________________ __________________________ __________________________

What happened 4th (if applicable)? __________________________ __________________________ __________________________

Collision with

1 Motor vehicle in traffic 23 Light pole or other post/support 40 Ran off road right
2 Parked motor vehicle 24 Guardrail 41 Ran off road left
3 Pedestrian 25 Median barrier 42 Cross median/centerline
4 Cyclist 26 Ditch 43 Overturn/rollover
5 Animal- deer 27 Embankment/Sloping shoulder 44 Equipment failure (blown tire, brakes, etc)
6 Animal- other 28 Highway traffic signpost 45 Fire/explosion
7 Moped 29 Overhead sign support 46 Immersion
8 Work zone maintenance equipment 30 Fence 47 Jackknife
9 Railway vehicle (train, engine) 31 Mailbox 48 Cargo/equipment loss or shift
10 Other movable object 32 Crash cushion/Impact attenuator 49 Separation of units
11 Unknown movable object 33 Bridge 50 Downhill runaway
20 Curb 34 Bridge overhead structure 51 Other non-collision
21 Tree 35 Other fixed object (wall, building, tunnel) 52 Unknown non-collision
22 Utility pole 36 Unknown fixed object 97 Other

Was your vehicle towed from the scene due to damage? __Yes __No

Vehicle Damaged Area

(circle up to three)

Was your vehicle towed from the scene due to damage? __Yes __No

Non-Collision

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
### 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Passenger 2 (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Passenger 3 (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A. Seating Position
- Front seat - left side (or motorcycle driver)
- Front seat - middle
- Front seat - right side
- Second seat - left side (or motorcycle passenger)
- Second seat - middle
- Second seat - right side
- Third row - left side (or motorcycle passenger)
- Third row - middle

#### B. Safety System Used
- None used
- Shoulder and lap belt
- Lap belt only
- Shoulder belt only
- Child safety seat
- Helmet
- Non-incapacitating
- Incapacitating
- Non-fatal injury
- Fatal injury

#### C. Air Bag Status
- Deployed-front
- Deployed-side
- Deployed both front and side
- Not deployed

#### D. Air Bag Switch
- Switch in ON position
- Switch in OFF position
- Unknown if switch is present

#### E. Ejected From Vehicle?
- Not ejected
- Totally ejected
- Partially ejected
- Not applicable

#### F. Trapped?
- Not trapped
- Freed by mechanical means
- Freed by non-mechanical means
- Unknown

#### G. Injured?
- Fatal injury
- Non-fatal injury:
  - Incapacitating
  - Non-incapacitating
- Non-fatal injury
- Fatal injury

#### H. Transported for Medical Care?
- Not transported
- EMS (emergency service)
- Police

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

#### Number of occupants in the Vehicle: _____

#### Number of injured occupants: _____

<table>
<thead>
<tr>
<th>Driver’s License Number</th>
<th>License State</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>M _ F</th>
<th>License Class</th>
<th>Commercial Driver’s License Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver (See previous page)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Indicate type of vehicle
- Passenger car
- Light truck (van, mini-van, truck-pickup, sport utility)
- Motorcycle

<table>
<thead>
<tr>
<th>Full Name of Vehicle Owner (Last, First, Middle)</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### What Was the Vehicle Doing Prior to the Crash?
- Travelling straight ahead
- Turning left
- Leaving traffic lane
- Backing
- Slowing or stopped
- Changing lanes
- Making U-turn
- Parked
- Turning right
- Entering traffic lane
- Overtaking/passing

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

#### Indicate the type of non-motorist involved
- 1 Pedestrian
- 2 Cyclist
- 3 Skater
- 97 Other

<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>
<th>Transported for Medical Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering or crossing location</td>
<td>Marked crosswalk at intersection</td>
<td>Not transported</td>
</tr>
<tr>
<td>Walking, running, or cycling</td>
<td>At intersection but no crosswalk</td>
<td>EMS (emergency service)</td>
</tr>
<tr>
<td>Working</td>
<td>Non-intersection crosswalk</td>
<td>Police</td>
</tr>
<tr>
<td>Pushing vehicle</td>
<td>In roadway</td>
<td></td>
</tr>
<tr>
<td>Approaching or leaving vehicle</td>
<td>Not in roadway</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth/Age</th>
<th>Sex</th>
<th>Full Name of Non-Motorist (Last, First, Middle)</th>
<th>Injured?</th>
<th>Transported for Medical Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Not transported</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>EMS (emergency service)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Police</td>
</tr>
</tbody>
</table>

#### Safety Equipment?
- Non used
- Helmet
- Protective pads (elbows, knees, etc.)
- Reflective clothing

<table>
<thead>
<tr>
<th>Safety Equipment?</th>
<th>Injured?</th>
<th>Non-fatal injury:</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Non used</td>
<td>1 Fatal injury</td>
<td>2 Incapacitating</td>
<td>3 Non-incapacitating</td>
</tr>
<tr>
<td>2 Helmet</td>
<td>2 Shoulder</td>
<td>3 Child safety seat</td>
<td>4 Helmet</td>
</tr>
<tr>
<td>3 Protective pads (elbows, knees, etc.)</td>
<td>3 Shoulder belt only</td>
<td>4 Adult</td>
<td>5 Non-incapacitating</td>
</tr>
<tr>
<td>4 Reflective clothing</td>
<td>4 Child safety seat</td>
<td>5 Non-fatal injury</td>
<td>6 Adult</td>
</tr>
</tbody>
</table>

**Note:** The above sections are part of a larger form used for recording details of a traffic crash. The form includes sections for vehicle information, driver information, passenger details, and non-motorist involvement. Each section is designed to collect specific types of data to assist in the investigation and understanding of the crash event. The form is typically used by law enforcement officers to document the facts and circumstances surrounding a traffic accident.
Section F: Crash Conditions

<table>
<thead>
<tr>
<th>Light Conditions</th>
<th>Weather Conditions (up to two)</th>
<th>Traffic Control Device</th>
<th>Was the traffic control device functioning at the time of the crash?</th>
<th>Road Surface</th>
<th>Roadway Intersection Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Daylight</td>
<td>1 Clear</td>
<td>1 No controls</td>
<td>1 ___ Yes</td>
<td>1 Dry</td>
<td>1 Not at intersection</td>
</tr>
<tr>
<td>2 Dawn</td>
<td>2 Cloudy</td>
<td>2 Stop signs</td>
<td>2 ___ No</td>
<td>2 Wet</td>
<td>2 Four-way intersection</td>
</tr>
<tr>
<td>3 Dusk</td>
<td>3 Rain</td>
<td>3 Traffic control signal</td>
<td>3 ___ Yes</td>
<td>3 Snow</td>
<td>3 T-intersection</td>
</tr>
<tr>
<td>4 Dark - lighted roadway</td>
<td>4 Snow</td>
<td>4 Flashing traffic control signal</td>
<td>4 ___ No</td>
<td>4 Ice</td>
<td>4 Y-intersection</td>
</tr>
<tr>
<td>5 Dark - roadway not lighted</td>
<td>5 Sleet, hail, freezing rain</td>
<td>5 Yield signs</td>
<td>5 ___ No</td>
<td>5 Sand, mud, dirt, oil, gravel</td>
<td>5 Off ramp</td>
</tr>
<tr>
<td>6 Dark - unknown roadway lighting</td>
<td>6 Fog, smog, smoke</td>
<td>6 School zone signs</td>
<td>6 ___ No</td>
<td>6 Water (standing, moving)</td>
<td>6 Traffic circle</td>
</tr>
<tr>
<td>7 Severe crosswinds</td>
<td>7 Warning signs</td>
<td>7 ___ No</td>
<td>7 ___ No</td>
<td>7 Slush</td>
<td>7 Traffic circle</td>
</tr>
<tr>
<td>8 Blowing sand, snow</td>
<td>8 Railroad crossing device</td>
<td>8 ___ No</td>
<td>8 ___ No</td>
<td>8 ___ Yes</td>
<td>8 Five-point or more</td>
</tr>
<tr>
<td>97 Other</td>
<td>99 Unknown</td>
<td>99 Unknown</td>
<td>99 Unknown</td>
<td>99 Other</td>
<td>99 Unknown</td>
</tr>
</tbody>
</table>

Section G: Crash Diagram

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:
- = Direction
- = Vehicle 1 (Your Vehicle)
- = Vehicle 2
- = Pedestrian/Non-motorist
- = North

Select one of the following if the crash did not occur on a public way:
- Off-street parking lot
- Garage
- Mall/shopping center
- Other private way

Section H: Witness Information

<table>
<thead>
<tr>
<th>Witness Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Section I: Property Damage Information (Other than Vehicles)

<table>
<thead>
<tr>
<th>Owner Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
<th>Property and Damage Description</th>
</tr>
</thead>
</table>

Section J: Description of What Happened

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section K: Signature

_______________________________________________
"Signed under Pains and Penalties of Perjury"

Page 4