



# Commonwealth of Massachusetts Motor Vehicle Crash Operator Report

## When should I complete a Crash Report?

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:

Registry of Motor Vehicles  
Crash Records  
P.O. Box 55889  
Boston, MA 02205-5889

## A. Crash Location

**A1.** City/Town Where Crash Occurred

**A2.** Date of Crash

**A3.** Time of Crash

☐ AM

☐ PM

**A4.** # 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.

**A5.** Did the crash occur at an intersection of two or more streets? ☐ Yes ☐ No

If Yes.	Step 1. Please indicate the route or roadway where you were travelling when the crash occurred:	If No.	Step 1. Please indicate the route, roadway and address where the crash occurred:
	Route# _____ Name of Roadway/Street _____		The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as _____
	<b>Step 2.</b> What was the name (or names) of the intersecting streets?		<b>Step 2.</b> Please provide as much of the following specific location information as possible:
	Route# _____ Name of Roadway/Street _____		The crash occurred (estimate number of feet) _____ (indicate direction as N/S/E/W) _____
	Route# _____ Name of Roadway/Street _____		of: a) Mile Marker number _____ . _____ OR: b) Exit Number _____
			OR: c) Intersecting Street/Roadway _____ Route# Name of Roadway/Street _____
			OR: d) Landmark _____

## B. Vehicle You Were Driving

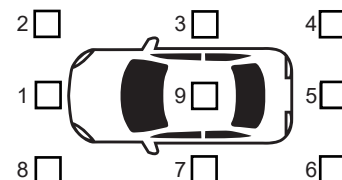
<b>B1.</b> Number of occupants in vehicle (including yourself):			<b>B2.</b> Was vehicle damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B3.</b> Driver's License Number	<b>B4.</b> License State	<b>B5.</b> DOB	<b>B6.</b> Age	<b>B7.</b> Sex <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> U	<b>B8.</b> License Class <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> Unknown <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> M
<b>B9.</b> Commercial Driver's License Endorsements <input type="checkbox"/> P (Passenger transport) <input type="checkbox"/> T (Doubles/Triples) <input type="checkbox"/> H (Hazardous) <input type="checkbox"/> X (Tank and Hazardous) <input type="checkbox"/> N (Tank vehicles)			<b>B10.</b> Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		
<b>B11.</b> Your Full Name (Last, First, Middle)		<b>B12.</b> Street Address City State Zip Code			
<b>B13.</b> Insurance Company	<b>B14.</b> Vehicle Registration #	<b>B15.</b> Reg. Type	<b>B16.</b> Reg. State	<b>B17.</b> Vehicle Year	<b>B18.</b> Vehicle Make
<b>B19.</b> Indicate your type of vehicle					
<input type="checkbox"/> 1 Passenger car	<input type="checkbox"/> 4 Bus (16 or more passengers)	<input type="checkbox"/> 9 Truck tractor (bobtail)	<input type="checkbox"/> 14 Motor home/recreational vehicle	<input type="checkbox"/> 17 All terrain vehicle( ATV)	
<input type="checkbox"/> 2 Light truck (van, mini-van, pick-up, sport utility)	<input type="checkbox"/> 5 Bus (9-15 passengers)	<input type="checkbox"/> 10 Tractor/semi-trailer	<input type="checkbox"/> 15 Moped	<input type="checkbox"/> 18 Snowmobile	
<input type="checkbox"/> 3 Motorcycle	<input type="checkbox"/> 6 Single-unit truck (2 axles)	<input type="checkbox"/> 11 Tractor/doubles	<input type="checkbox"/> 16 Low Speed Vehicle	<input type="checkbox"/> 97 Other	
	<input type="checkbox"/> 7 Single-unit truck (3 or more axles)	<input type="checkbox"/> 12 Tractor/triples		<input type="checkbox"/> 99 Unknown	
	<input type="checkbox"/> 8 Truck/trailer	<input type="checkbox"/> 13 Unknown heavy truck			
<b>B20.</b> Full Name of Vehicle Owner (Last, First, Middle)		<b>B21.</b> Street Address City State Zip Code			
<b>B22.</b> What Was Your Vehicle Doing Prior to the Crash?					
<input type="checkbox"/> 1 Travelling straight ahead	<input type="checkbox"/> 3 Turning right	<input type="checkbox"/> 5 Changing lanes	<input type="checkbox"/> 8 Making U-turn	<input type="checkbox"/> 11 Parked	
<input type="checkbox"/> 2 Slowing or stopped	<input type="checkbox"/> 4 Turning left	<input type="checkbox"/> 6 Entering traffic lane	<input type="checkbox"/> 9 Overtaking/passing	<input type="checkbox"/> 97 Other	
		<input type="checkbox"/> 7 Leaving traffic lane	<input type="checkbox"/> 10 Backing	<input type="checkbox"/> 99 Unknown	

<b>B23.</b> 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?	Second?	Third?	Fourth?
<b>Collision with</b>	<b>9</b> Railway vehicle (train, engine)	<b>25</b> Median barrier	<b>32</b> Crash cushion/ Impact attenuator	<b>Non-Collision</b>	<b>47</b> Jackknife
<b>1</b> Motor vehicle in traffic	<b>10</b> Other movable object	<b>26</b> Ditch	<b>33</b> Bridge	<b>40</b> Ran off road right	<b>48</b> Cargo/equipment loss or shift
<b>2</b> Parked motor vehicle	<b>11</b> Unknown movable object	<b>27</b> Embankment/ Sloping shoulder	<b>34</b> Bridge overhead structure	<b>41</b> Ran off road left	<b>49</b> Separation of units
<b>3</b> Pedestrian	<b>20</b> Curb	<b>28</b> Highway traffic signpost	<b>35</b> Other fixed object (wall, building, tunnel)	<b>42</b> Cross median/ centerline	<b>50</b> Downhill runaway
<b>4</b> Cyclist	<b>21</b> Tree	<b>29</b> Overhead sign support	<b>36</b> Unknown fixed object	<b>43</b> Overturn/rollover	<b>51</b> Other non-collision
<b>5</b> Animal- deer	<b>22</b> Utility pole	<b>30</b> Fence		<b>44</b> Equipment failure (blown tire, brakes, etc)	<b>52</b> Unknown non-collision
<b>6</b> Animal- other	<b>23</b> Light pole or other post/support	<b>31</b> Mailbox		<b>45</b> Fire/explosion	<b>97</b> Other
<b>7</b> Moped	<b>24</b> Guardrail			<b>46</b> Immersion	<b>99</b> Unknown
<b>8</b> Work zone maintenance equipment					

**B24.** Was your Vehicle Towed from the Scene Due to Damage? ☐ Yes ☐ No

**B25.** Vehicle Damaged Area (check up to three)

☐ 0 None ☐ 97 Other  
☐ 10 Undercarriage ☐ 99 Unknown  
☐ 11 Totaled



## 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.

<b>C1.</b> Passenger 1 (Last, First, Middle)	<b>C2.</b> Address	City	State	Zip Code	<b>C3.</b> DOB	<b>C4.</b> Sex
<b>C5.</b> Passenger 2 (Last, First, Middle)	<b>C6.</b> Address	City	State	Zip Code	<b>C7.</b> DOB	<b>C8.</b> Sex
<b>C9.</b> Passenger 3 (Last, First, Middle)	<b>C10.</b> Address	City	State	Zip Code	<b>C11.</b> DOB	<b>C12.</b> Sex

	Seating Position	Safety System Used	Air Bag Status	Ejected From Vehicle?	Trapped?	Injured?	Transported for Medical Care?	Name of Medical Facility
Driver								
Passenger 1								
Passenger 2								
Passenger 3								

### Seating Position

- |   |                               |
|---|-------------------------------|
| 1 Front seat - left side (or motorcycle driver)     | 8 Third row - middle          |
| 2 Front seat - middle                               | 9 Third row - right side      |
| 3 Front seat - right side                           | 10 Sleeper section of cab     |
| 4 Second seat - left side (or motorcycle passenger) | 11 Enclosed passenger area    |
| 5 Second seat - middle                              | 12 Unenclosed passenger area  |
| 6 Second seat - right side                          | 13 Trailing unit              |
| 7 Third row - left side (or motorcycle passenger)   | 14 Riding on vehicle exterior |
|   | 97 Other                      |
|   | 99 Unknown                    |

### Safety System Used

- 0 None used
- 1 Shoulder and lap belt
- 2 Lap belt only
- 3 Shoulder belt only
- 4 Child safety seat
- 5 Helmet
- 97 Unknown

### Air Bag Status

- 1 Deployed-front
- 2 Deployed-side
- 3 Deployed both front and side
- 4 Not deployed
- 5 Not applicable
- 97 Unknown

### Ejected From Vehicle?

- 0 Not ejected
- 1 Totally ejected
- 2 Partially ejected
- 3 Not applicable
- 97 Unknown

### Trapped?

- 0 Not trapped
- 1 Freed by mechanical means
- 2 Freed by non-mechanical means
- 97 Unknown

### Injured?

- 1 Fatal
- 7 Suspected serious injury
- 8 Suspected minor injury
- 9 Possible Injury
- 10 No apparent injury

### Transported for Medical Care?

- 1 Not transported
- 2 EMS (emergency service)
- 3 Police
- 97 Other
- 99 Unknown

## D. Other Vehicle(s) Involved in the Crash

<b>D1.</b> Number of occupants in the Vehicle:	<b>D2.</b> Number of injured occupants	<b>D3.</b> Was Vehicle Damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>D4.</b> Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>D5.</b> Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>D6.</b> Driver's License Number	<b>D7.</b> License State	<b>D8.</b> DOB	<b>D9.</b> Age	<b>D10.</b> Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U	<b>D11.</b> License Class <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> Unknown <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> M
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<b>D12.</b> Commercial Driver's License Endorsements <input type="checkbox"/> P (Passenger transport) <input type="checkbox"/> T (Doubles/Triples) <input type="checkbox"/> H (Hazardous) <input type="checkbox"/> X (Tank and Hazardous) <input type="checkbox"/> N (Tank vehicles) <input type="checkbox"/> S School Bus
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<b>D13.</b> Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
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<b>D14.</b> Name of Vehicle Driver (Last, First, Middle)	<b>D15.</b> Street Address	City	State	Zip Code
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<b>D16.</b> Insurance Company	<b>D17.</b> Vehicle Registration #	<b>D18.</b> Reg. Type	<b>D19.</b> Reg. State	<b>D20.</b> Vehicle Year	<b>D21.</b> Vehicle Make
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<b>D22.</b> Indicate your type of vehicle <input type="checkbox"/> 1 Passenger car <input type="checkbox"/> 2 Light truck (van, mini-van, pick-up, sport utility) <input type="checkbox"/> 3 Motorcycle	<input type="checkbox"/> 4 Bus (16 or more passengers) <input type="checkbox"/> 5 Bus (9-15 passengers) <input type="checkbox"/> 6 Single-unit truck (2 axles) <input type="checkbox"/> 7 Single-unit truck (3 or more axles) <input type="checkbox"/> 8 Truck/trailer	<input type="checkbox"/> 9 Truck tractor (bobtail) <input type="checkbox"/> 10 Tractor/semi-trailer <input type="checkbox"/> 11 Tractor/doubles <input type="checkbox"/> 12 Tractor/triples <input type="checkbox"/> 13 Unknown heavy truck	<input type="checkbox"/> 14 Motor home/recreational vehicle <input type="checkbox"/> 15 Moped <input type="checkbox"/> 16 Low Speed Vehicle	<input type="checkbox"/> 17 All terrain vehicle (ATV) <input type="checkbox"/> 18 Snowmobile <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown
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<b>D23.</b> Full Name of Vehicle Owner (Last, First, Middle)	<b>D24.</b> Street Address	City	State	Zip Code
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### D25. What Was Your Vehicle Doing Prior to the Crash?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1 Travelling straight ahead | <input type="checkbox"/> 5 Changing lanes        | <input type="checkbox"/> 9 Overtaking/passing |
| <input type="checkbox"/> 2 Slowing or stopped        | <input type="checkbox"/> 6 Entering traffic lane | <input type="checkbox"/> 10 Backing           |
| <input type="checkbox"/> 3 Turning right             | <input type="checkbox"/> 7 Leaving traffic lane  | <input type="checkbox"/> 11 Parked            |
| <input type="checkbox"/> 4 Turning left              | <input type="checkbox"/> 8 Making U-turn         | <input type="checkbox"/> 97 Other             |
|  |  | <input type="checkbox"/> 99 Unknown           |

### D26. Vehicle Damaged Area (check up to three)

2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> 0 None
1 <input type="checkbox"/>	9 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> 10 Undercarriage
8 <input type="checkbox"/>	7 <input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/> 11 Totaled
			<input type="checkbox"/> 97 Other
			<input type="checkbox"/> 99 Unknown

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

E1. Indicate the type of non-motorist involved ☐ 1 Pedestrian ☐ 2 Cyclist ☐ 3 Skater ☐ 97 Other ☐ 99 Unknown

### E2. What was the non-motorist doing prior to the crash?

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> 1 Entering or crossing location | <input type="checkbox"/> 4 Pushing vehicle                | <input type="checkbox"/> 97 Other   |
| <input type="checkbox"/> 2 Walking, running, or cycling  | <input type="checkbox"/> 5 Approaching or leaving vehicle | <input type="checkbox"/> 99 Unknown |
| <input type="checkbox"/> 3 Working                       | <input type="checkbox"/> 6 Working on vehicle             |                                     |
|  | <input type="checkbox"/> 7 Standing                       |                                     |

### E3. Where was the non-motorist prior to the crash?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 Marked crosswalk at intersection | <input type="checkbox"/> 4 In roadway                   | <input type="checkbox"/> 8 Shoulder                   |
| <input type="checkbox"/> 2 At intersection but no crosswalk | <input type="checkbox"/> 5 Not in roadway               | <input type="checkbox"/> 9 Sidewalk                   |
| <input type="checkbox"/> 3 Non-intersection crosswalk       | <input type="checkbox"/> 6 Median (but not on shoulder) | <input type="checkbox"/> 10 Shared-use path or trails |
|   | <input type="checkbox"/> 7 Island                       | <input type="checkbox"/> 99 Unknown                   |

E4. Full Name of Non-Motorist (Last, First, Middle)

E5. Street Address

City

State

Zip Code

E6. DOB

E7. Sex

### E8. Safety Equipment?

- |  |  |
|--|--|
| <input type="checkbox"/> 0 None used                             | <input type="checkbox"/> 8 Reflective clothing |
| <input type="checkbox"/> 6 Helmet                                | <input type="checkbox"/> 9 Lighting            |
| <input type="checkbox"/> 7 Protective pads (elbows, knees, etc.) | <input type="checkbox"/> 10 Other              |
|  | <input type="checkbox"/> 99 Unknown            |

### E9. Injured?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 Fatal                    | <input type="checkbox"/> 8 Suspected minor injury | <input type="checkbox"/> 10 No apparent injury |
| <input type="checkbox"/> 7 Suspected serious injury | <input type="checkbox"/> 9 Possible Injury        |  |

### E10. Transported for Medical Care?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> 1 Not transported         | <input type="checkbox"/> 3 Police   |
| <input type="checkbox"/> 2 EMS (emergency service) | <input type="checkbox"/> 97 Other   |
|  | <input type="checkbox"/> 99 Unknown |

E11. If transported, please indicate Hospital/Medical Facility:

## F. Crash Conditions

### F1. Light Conditions

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> 1 Daylight                        | <input type="checkbox"/> 97 Other   |
| <input type="checkbox"/> 2 Dawn                            | <input type="checkbox"/> 99 Unknown |
| <input type="checkbox"/> 3 Dusk                            |                                     |
| <input type="checkbox"/> 4 Dark - lighted roadway          |                                     |
| <input type="checkbox"/> 5 Dark - roadway not lighted      |                                     |
| <input type="checkbox"/> 6 Dark - unknown roadway lighting |                                     |

### F2. Weather Conditions (up to two)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Clear                      | <input type="checkbox"/> 7 Severe crosswinds  |
| <input type="checkbox"/> 2 Cloudy                     | <input type="checkbox"/> 8 Blowing sand, snow |
| <input type="checkbox"/> 3 Rain                       | <input type="checkbox"/> 97 Other             |
| <input type="checkbox"/> 4 Snow                       | <input type="checkbox"/> 99 Unknown           |
| <input type="checkbox"/> 5 Sleet, hail, freezing rain |   |
| <input type="checkbox"/> 6 Fog, smog, smoke           |   |

### F3. Traffic Control Device

- |  |
|--|
| <input type="checkbox"/> 1 No controls                     |
| <input type="checkbox"/> 2 Stop signs                      |
| <input type="checkbox"/> 3 Traffic control signal          |
| <input type="checkbox"/> 4 Flashing traffic control signal |
| <input type="checkbox"/> 5 Yield signs                     |
| <input type="checkbox"/> 6 School zone signs               |
| <input type="checkbox"/> 7 Warning signs                   |
| <input type="checkbox"/> 8 Railroad crossing device        |
| <input type="checkbox"/> 99 Unknown                        |

### F4. Road Surface

- |   |
|---|
| <input type="checkbox"/> 1 Dry                          |
| <input type="checkbox"/> 2 Wet                          |
| <input type="checkbox"/> 3 Snow                         |
| <input type="checkbox"/> 4 Ice                          |
| <input type="checkbox"/> 5 Sand, mud, dirt, oil, gravel |
| <input type="checkbox"/> 6 Water (standing, moving)     |
| <input type="checkbox"/> 7 Slush                        |
| <input type="checkbox"/> 97 Other                       |
| <input type="checkbox"/> 99 Unknown                     |

### F5. Trafficway Description

- |   |
|---|
| <input type="checkbox"/> 1 Two-way, not divided                 |
| <input type="checkbox"/> 2 Two-way, divided, unprotected median |
| <input type="checkbox"/> 3 Two-way, divided, protected median   |
| <input type="checkbox"/> 4 One-way, not divided                 |
| <input type="checkbox"/> 99 Unknown                             |

### F6. Manner of Collision

- |  |
|--|
| <input type="checkbox"/> 1 Single vehicle crash          |
| <input type="checkbox"/> 2 Rear-end                      |
| <input type="checkbox"/> 3 Angle                         |
| <input type="checkbox"/> 4 Sideswipe, same direction     |
| <input type="checkbox"/> 5 Sideswipe, opposite direction |

- |   |
|---|
| <input type="checkbox"/> 6 Head on      |
| <input type="checkbox"/> 7 Rear to rear |
| <input type="checkbox"/> 99 Unknown     |

### F7. Roadway Intersection Type

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Not at intersection   | <input type="checkbox"/> 7 Traffic circle          |
| <input type="checkbox"/> 2 Four-way intersection | <input type="checkbox"/> 8 Five-point or more      |
| <input type="checkbox"/> 3 T-intersection        | <input type="checkbox"/> 9 Driveway                |
| <input type="checkbox"/> 4 Y-intersection        | <input type="checkbox"/> 10 Railway grade crossing |
| <input type="checkbox"/> 5 On ramp               | <input type="checkbox"/> 99 Unknown                |
| <input type="checkbox"/> 6 Off ramp              |  |

F8. Was the traffic control device functioning at the time of the crash? ☐ Yes ☐ No

F9. School Bus Related? ☐ Yes ☐ No

F10. Work Zone Related? ☐ Yes ☐ No

## G. Crash Diagram



Indicate North by Arrow

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

- |   |
|---|
| <input type="checkbox"/> 1 = Vehicle 1 (Your Vehicle) |
| <input type="checkbox"/> 2 = Vehicle 2                |
| <input type="checkbox"/> ○ = Pedestrian/Non-motorist  |
| <input type="checkbox"/> ↗ = North                    |

Select one of the following if the crash did not occur on a public way:

- |   |
|---|
| <input type="checkbox"/> Off-street parking lot |
| <input type="checkbox"/> Garage                 |
| <input type="checkbox"/> Mall/shopping center   |
| <input type="checkbox"/> Other private way      |

**H. Witness Information**

<b>H1.</b> Witness Name (Last, First, Middle)	<b>H2.</b> Street Address	City	State	Zip Code	<b>H3.</b> Phone
<b>H4.</b> Witness Name (Last, First, Middle)	<b>H5.</b> Street Address	City	State	Zip Code	<b>H6.</b> Phone

**I. Property Damage Information (Other than Vehicles)**

<b>I1.</b> Owner Name (Last, First, Middle)	<b>I2.</b> Street Address	<b>I3.</b> Phone	<b>I4.</b> Property and Damage Description
<b>I5.</b> Owner Name (Last, First, Middle)	<b>I6.</b> Street Address	<b>I7.</b> Phone	<b>I8.</b> Property and Damage Description

**J. Description of What Happened****K. Signature**

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"Signed under Pains and Penalties of Perjury"

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Print

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Date