

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

				S	ection	n A: Cr	ash	Locati	ion								
City/Town Where Crash C	Occurred				I	Date of Crash	l			T	Γime of		AM	PM	# Vehicle Involved		
Please complete Section A If you need additional space							t nage	of this form						_ 1 141	Involved		
SECTION A1: Compocurred at an intersect	plete thi	s Section if th	he crash		OR	SECTION A2: Complete this Section if the crash did NOT occur at an intersection:											
Step 1: Please indicate the route or roadway where you							Step 1: Please indicate the route, roadway and address where the crash occu								occui	rred:	
were travelling when the crash occurred:						The crash	The crash occurred on Route #: at Street or Address Number:										
Route# Name of Roadway/Street						on the Stre	eet/Ro	oadway knov	wn as:								
Step 2: What was the r	name (oi	r names) of th	ne inters	ecting				provide as									possible:
streets.		1	ne cra	ash occurred													
Route# Name of Roadway/Street							(indicate direction as N/S/E/W) of a) Mile Marker number of										
						OR: b)	OR: c) Intersecting Street/Roadway							-			
Route#	Nan	ne of Roadway	y/Street				OR: d) Landmark Route# Name of Roadw							/ay/Sti	reet		
			S	ection	n B: V	Vehicle	You	Were I	Drivi	ing							
Number of occupants in v	ehicle (i	ncluding your	self):		_ \	/as vehicle d	amag	ge above \$10	00?	_Yes	_No						
Driver's License Number						Lic	ense D M	Class A _B _ Unknown	_C F	Commer H _ Haz L Dou	zardous		N T	dorsements Tank vehicles P_Passenger Tank and Hazardous transport			
Your Full Name (Last, Firs	t, Middle	:)		Street A	Address					ty/Tow		ipies		r arik ario	State		Lip
Insurance Company				Vehic	le Reg	gistration	#	Reg. Type	Reg	g. State		Vehicle `	Year	Ve	hicle Mak	e	
Indicate your type of ve	hicle																
Passenger car Light truck (van, minipick-up, sport utility) Motorcycle	van, 5 6 7	Single-unit tru Single-unit tru	ssengers) ick (2 ax ck (3 or	les)	9	Truck/trail Truck tract Tractor/ser Tractor/do	or (bo ni-tra ubles	obtail) 1 iler 1	3 Unk	ctor/tri cnown tor hon	heavy ne/recr	eationa	l vehicle	9	97 Other 99 Unkno	wn	
Full Name of Vehicle Ov	ner (La	st, First, Midd	ile)			Str	eet A	ddress			City	/Town			State		Zip
	What \	Was Your Vel	nicle Do	ing Prio	r to the	Crash?											
Vehicle Travel Direction		elling straight			Turning Changir			Leaving tras Making U-t		ne		acking			Other		
_N _S _E _W	S E W I					traffic lane 9 Overtaking/pass									99 Unknown		
Please Indicate the Sequ	ence of	Events as the	v occurr	ed to V	OUR V	ehicle by v	vriting	g the corres	spondi	ng nu	mber	(1-52.	or 97.	99) in	un to 4 h	oves I	helow.
What happened first?		hat happened					,	happened 3	-0 -000			(1-52,		3350 93	ned 4th (if		
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														Į			
Collision with Motor vehicle in traffi Parked motor vehicle Pedestrian Cyclist Animal- deer Animal- other Moped Work zone maintenane Railway vehicle (train Other movable object Unknown movable object Unknown movable object Utility pole	ce equipr , engine)		24 G 25 M 26 D 27 Ei 28 H 29 O 30 F 31 M 32 C 33 Bi 33 Bi 35 O	uardrail ledian ba itch mbankm ighway t verhead ence failbox rash cusl ridge	ent/Slop traffic si sign sup hion/Imp erhead s d object	pact attenua tructure (wall, buildi	tor	innel)		40 41 42 43 44 45 46 47 48 49 50 51 52 97	Ran of Cross: Overtu Equipi Fire/ex Immer Jackkn Cargo/ Separa Downh Other r	If road r If road l If roa	left /centerli over ilure (blooment loss units way	own tir	e, brakes,	etc)	
Was your Vehicle Towed Froi	n the Sce	ne Due to Dam	age?\	es _	No			maged Area to three)		2 1 8	4	3 9 7		5 6	0 None 10 Under 11 Totale 97 Other 99 Unkno	d	șe

Please provide t	the full name,	address, and D	OB or Age	for all passe	engers in your veh ed at the bottom	nicle.	Then write the		_		in eac	h of tl	ne bo	xes fo	or eac	h occ	upant	of the vehicle
(yourself and ar	i passengers).	A list of the	possible co	ues is provid	ed at the bottom	01 1111	s section.	Date of	Sex		В	C	D	Е	F	G	Н	Name of Medical Facility
Driver (See p	revious pag	(e)						Birth/Age	M/F		+			_		-		Wedlear Facility
			1 × 40401 0															
Name of Passe	enger 1 (Last,	First, Middle)								-	+-							
					Address]										
Name of Passe	nger 2 (Last,	First, Middle)	City/Town		Sta	ate	Zip		-		-				_			
					Address												×	
Name of Passe	First Middle)	City/Town		Sta	ate	Zip		-	_	-			_					
Transcor a mose	r nos, maare)			Address														
A. Cartina Da	-141		City/Town		Sta	nte	Zip		<u> </u>		<u> </u>	D	C4 4				0 .	
A. Seating Post		torcycle driver)) 9	Third row -	- right side		B. Safety S	-	sed	1	C. Air Dei	Bag				-	Swit n ON	position
2 Front seat - m				Sleeper sec	tion of cab			and lap belt 2 Deployed-side 2 Switch in OFF position						position				
3 Front seat - ri 4 Second seat -	-	notorcycle pass			d passenger area		2 Lap belt 3 Shoulde	only r belt only	y	3	100	oloyed at and		4				ch not present witch is present
5 Second seat -6 Second seat -				Trailing uni	it vehicle exterior			fety seat		4		deplo			Un			ACCOUNT - 2000 (1700 po # 1.770 po 1 (A. 100 po 1
7 Third row - le	eft side (or mo	torcycle passer	nger) 97	Other	5 Helmet 99 Unknow	'n		5	Not 9 Unl	appli								
8 Third row - m E. Ejected From		Trapped?	99	Unknown	G. Injured?					4	H. Tr	onene	rtod	for 1	Modic	al C	·*•2	
0 Not ejected	0	Not trapped			1 Fatal injury						l No	t trans	sporte	d			97	Other
1 Totally ejected 2 Partially eject	1000			chanical means Non-fatal injury: 2 Incapacitating 5					ury	- 1	 EM. Pol 	S (en ice	iergei	ncy se	ervice	:)	99	Unknown
 Not applicable Unknown 	le 9	9 Unknown			3 Non-incapa 4 Possible	acitat	ing 9	9 Unknov	wn									
North Co.			Secti	on D: C)ther Vehi	icle	(s) Invol	ved in	the	e C	ras	h						
Number of occu				r of injured		- Wat	/as Vehicle Da bove \$1000?		Yes _		o Mo				No	Hit a	nd Ru	in? _Yes _No
Driver's License	Number		License Sta	te Date of B	Birth Age Sex	_ F	License Cla	SS B nknown	C H	omm — I I	ercial I Hazardo Doubles	ous Triple	s Lice	N X	Tank Tank	ments vehice	eles Hazard	P_Passenger lous transport
Full Name of V	/ehicle Drive	er (Last, First	, Middle)	Sti	reet Address				City/							Stat		Zip
Insurance Compa	any			Ve	ehicle Registra	tion 7	# Reg	. Туре	Reg	. Sta	te	Vehic	cle Ye	ear		Vehic	le Ma	ke
Indicate type of	f vehicle				ento el una como en el												20.	
1 Passenger car				passengers)		uck/tra			ractor						7 0			
2 Light truck (v pick-up, spor			7-15 passer e-unit truck				actor (bobtail) emi-trailer				eavy t		vehi		9 U	nknov	vn	
3 Motorcycle				(3 or more	axles) 11 Tra	ctor/d	,					. ///				-		
Full Name of V	enicle Owner	(Last, First, N	viidale)				Street Addre	ess			Ci	ty/To	wn			Stat	.e	Zip
Vehicle Travel Direction	What Was th	ne Vehicle Doi	ng Prior to	o the Crash	?						Veh		ama	ged A	rea (circle		three) None
19074.0 9040	A DESCRIPTION OF THE PROPERTY	straight ahead			7 Leaving tra				Othe		Ι.	-	1	M) 5		10	Undercarriage Totaled
$-{}^{\rm N}_{\rm E} - {}^{\rm S}_{\rm W}$	2 Slowing of 3 Turning rig	605		ging lanes ng traffic lan	8 Making U-1 e 9 Overtaking		11 Park ing	ea 99	Unkr	iown	8		V	7	6		97	Other Unknown
	and the state		Section	on E: N	on-Motor	ist(s	s) Involv	ed in	the	Cı	-							
Indicate the type	e of non-moto	rist involved	# 1V		1 Pedestrian		2 Cyclist	3	Skate	r		97 Ot	her		99	Unkı	nown	
What was the r 1 Entering or cr		٠.		sh? ng on vehic	le		Where was the Marked cros			-		ie cra		dian (but n	ot on	shoul	(der)
2 Walking, run			7 Standi			2	At intersecti	on but no	cross			7	Isla	ind		0	onou.	de.)
WorkingPushing vehice	cle		97 Other 99 Unkno	own		1888	Non-intersection In roadway	ction cross	waik			8		oulder ewalk				
5 Approaching	or leaving ve	hicle				5	Not in roady	vay						ired-u knowi		th or	trails	
Date of Birth/Age	Sex _M _ F	Full Name o	f Non-Mo	torist (Last,	First, Middle)	Stree	et Address						ity/T			-	State	e Zip
Safety Equipm	ent?	1			Injured?					- 1	Trans				ical (Care?		
0 None used 6 Helmet			9 Lightin 10 Other	ıg	 Fatal injury Non-fatal injury 					- 1	1 Not 2 EM		*		ervice)		Other Unknown
7 Protective page			99 Unknov	wn	2 Incapacitat	ing		No injury		- 1	3 Pol	ice						
8 Reflective clothing 3 Non-incapacitating 99 Unknown If transported, pleas 4 Possible									If transported, please indicate Hospital/Medical Facility:									

and the second			Section F: Cr	ash Co	nditions					
Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted	Weather Condition Clear Cloudy Rain Snow Sleet, hail, f		Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control sign 4 Flashing traffic con 5 Yield signs	nal	Was the traffic control device functioning at the time of the crash?	1 Dry 2 Wet	oil. gravel	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		
6 Dark - unknown roadway lighting 97 Other 99 Unknown	6 Fog, smog, 7 Severe cros 8 Blowing san 97 Other 99 Unknown	smoke swinds d, snow	6 School zone signs 7 Warning signs 8 Railroad crossing d 99 Unknown	evice	1Yes 2No	6 Water (standing, 7 Slush 97 Other 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? 1Yes 2No	Work Zone Related? 1Yes 2No	1 Single 2 Rear-6 3 Angle 4 Sidesy			ar	9 Driveway 10 Railway grade crossing 99 Unknown		
SELECTION OF SELECTION	A SERVICE		Section G: C	rash D	iagram					
Indicate North by Arrow							roadwa occurre involve using t	draw a diagram of the ty or streets where the crash ed, indicating the vehicles d and direction of travel he following symbols: = Direction = Vehicle 1 (Your Vehicle) = Vehicle 2 = Pedestrian/Non-motorist = North		
							the crass	one of the following if sh did not occur on a way: ff-street parking lot arage iall/shopping center ther private way		
Witness Name (Lest First Mi	44-2		Section H: Witn	ess Inf	ormation					
Witness Name (Last, First, Mic	adie) A	ddress			-10009-		Pho	one		
							_			
				and the second						
Owner Name (Last, First, Midd		I: Prope	rty Damage Inf	ormatic	on (Other th	nan Vehicles) Property and Dan	naga Dar	orintian		
Owner Name (Last, 111st, Midd	iie) At	idiess			Phone	Property and Dan	nage Des	cription		
										
		Section	n J: Description	of Wi	at Happen	ed				
	**									
		27								
	11-1-116									
	THE PARTY OF THE P		Section K:	Signatu	ire			Section Contracts		
"Signed under Pains and Pena	lties of Perjury"		Print			Date				