

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

City/Town Where Crash Occurred		r A: Crash Location Date of Crash		# Vehicles					
	of the and-l		:AMPM	Involved:					
Please complete Section A1 or A2 below to indicate the location 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:	<u>OR</u>	SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:							
Step 1: Please indicate the route or roadway where you		Step 1: Please indicate the ro	ite, roadway and address where t	the crash occurred:					
were travelling when the crash occurred:		The crash occurred on Route #:	at Street or Address Numb	per:					
Route# Name of Roadway/Street	-	1	::						
Step 2: What was the name (or names) of the intersecting	ıg 📗		of the following specific location	information as possible: feet					
streets?		The crash occurred (est	cate direction as N/S/E/W)						
Route# Name of Roadway/Street	-	a) Mile Marker numbe							
		OR: b) Exit Number							
Route# Name of Roadway/Street	-	OR: c) Intersecting Street/	Route# Name	of Roadway/Street					
		OR: d) Landmark							
Sec	tion B:	Vehicle You Were Dri	ving						
Number of occupants in vehicle (including yourself):		Was vehicle damage above \$1000?	YesNo Commercial Driver's License Endorsemen	nte					
Driver's License Number License State Date of Birt		License Class D _ A _ B _ C M _ F _ M _ Unknown	H Hazardous N Tank vel	nis hicles P_Passenger dHazardous transport					
Your Full Name (Last, First, Middle) Str	eet Address		City/Town	State Zip					
Insurance Company Ve	hicle Re	gistration # Reg. Type	eg. State Vehicle Year V	ehicle 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) 6 Single-unit truck (2 axles) 10 Tractor/semi-trailer 14 Motor home/recreational vehicle 3 Motor cycle 7 Single-unit truck (3 or more axles) 11 Tractor/doubles									
3 Motorcycle 7 Single-unit truck (3 or mot Full Name of Vehicle Owner (Last, First, Middle)	· · · · · · · · · · · · · · · · · · ·	Street Address	City/Town	State Zip					
What Was Your Vehicle Doing	Prior to th	ne Crash?							
Vehicle Travel Direction 1 Travelling straight ahead	4 Turnin	ng left 7 Leaving traffic lane 10 Backing 97 Other							
N_S_E_W 2 Slowing or stopped	-	ging lanes 8 Making U-tum 11 Parked 99 Unknown ing traffic lane 9 Overtaking/passing							
3 Turning right		-C							
Please Indicate the Sequence of Events as they occurred	to YOUR	Vehicle by writing the correspond	nding number (1-52, or 97, 99) in	up to 4 boxes below.					
What happened first? What happened 2 rd (if ap	plicable)?	What happened 3rd	if applicable)? What happ	pened 4th (if applicable)?					
Collision with Motor vehicle in traffic 23									
Was your Vehicle Towed From the Scene Due to Damage?Ye	s No	Vehicle Damaged Area (circle up to three)	2 3 4	0 None 10 Undercarriage 11 Totaled					
		, , , , , ,		97 Other 99 Unknown					

Priess growle das fell states, elferies, and DCBs or Age for all pissengers in your vehicle. Then write the corresponding code in seaso of the boose for each consugant of the vehicle possible code in provided at the bortons of this south. Description Description	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													
Driver (See previous page) Medical Freit, Middle) Address Zip	(yourself and all passengers). A list of the	possible codes is provided a	at the bottom of this	section.	Date of	Sev	A 1 1	3 C	1 D	F.	F	G	H	Name of
Name of Passenger 1 (Last, First, Middle) Name of Passenger 2 (Last, First, Middle) Address City/Town State Zip Address City/Town Address City/Town State Zip Address State Zip Address State Zip Address State Zip Address City/Town Address State Zip Address State Address State Zip Address State Address Address Address State Address Address Address State Address State Address State Address State Address Address Address Address Address Address Address Address Address Displayed- Address Displayed- State Address Address Address Address Address Displayed- Displayed- Displayed- Displayed- State Address Displayed- Dis									Ľ		,			
Name of Passeager 2 (Last, First, Middle) Astrais City/Town State Zip Astrais Astrais City/Town State Zip Then seat - Inhibits (or motorcycle delver) 7 Thiel now - Inhibits (or motorcycle passeager) 8 Shoulder plant only 9 Unknown 9 Unknown 1 Shoulder plant only 9 Unknown 1 Shoulder plant only 2 Deployed-doth 1 Shoulder plant only 2 Deployed-doth 1 Shoulder plant only 2 Deployed-doth 2 Deployed-doth 2 Deployed-doth 2 Deployed-doth 3 Shoulder plant only 3 Shoulder plant only 5 Shoulder plant only 5 Shoulder plant only 5 Shoulder plant only 5 Unknown 9 Unknown 9 Unknown 1 The Inhibits 2 Freed by menchanism means 2 Freed by menchanism 2 Freed by	Driver (See previous page)			- · · · · · · ·										
Captions State Zo	Name of Passenger 1 (Last, First, Middle)													
Name of Passeager 3 (Last, First, Middle) Address State Zip Address CityTown Call and the plant Call and the pla				7ia]									
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Name of Passenger 3 (Last, First, Middle) Address Zip Charles Char	, , ,	A	Address				,					,		
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7. Third row-left âtée (or motorcycle passenger 9) Unknown 8. Ejected From Vehicle? 8. Ejected From Vehicle? 9. Trigged 1 1 Frest liquing 1 2 Frest liquing 1 2 Frest liquing 1 3 Non-inappacitating 9 Unknown 8 Section D: Other Vehicle Simple Section D: Other Vehicle Section D: Other Section D: Other		=	icle exterior	1	•			•	•	- 1	9 UI	IKIIOW	TI.	
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2 Praction processing and the selection of the process of of	1 Totally ejected 1 Freed by 1	nechanical means			5 No inj	шү			emerg	ency s	ervic	e)	99	Unknown
Number of coccupants in the Vehicle:		ion-mechanical means	3 Non-incapacitat	ing	_	•	٦	I OZROC						
Number of occupants in the Vehicle Nomber of injured occupants: Was Vehicle Damaged Yes No Monder? Yes No Mile and Run? Yes No Driver's Licenses State Date of Birth Age Sex Licenses Class Date of Birth Date of	99 Unknown			(c) Invo	lved in	tin	e Cr	ash						
Driver's License Number License State Date of Birth Age Sax			V	Vas Vehicle D	amage -				? 3	es	No	Hit a	nd R	un? Yes No
Full Name of Vehicle Driver (Last, First, Middle) Street Address City/Town State Zip Tractor/triples Reg. State Vehicle Year Vehicle Make Insurance Company Vehicle Registration # Passenger car 1 Passenger car 2 Light muck (van, mini-van, 5 Bus (7-15 passengers) 9 Truck tractor (bobtail) 3 Motorcycle 7 Single-unit truck (2 ades) 10 Tractor/seni-trailer 14 Motor home/recreational vehicle 7 Single-unit truck (3 or more ades) 11 Tractor/doubles Full Name of Vehicle Owner (Last, First, Middle) Vehicle Travel Vehicle Travel 7 Single-unit truck (3 or more ades) 11 Tractor/doubles Street Address City/Town State Zip Vehicle Travel 7 Single-unit truck (3 or more ades) 11 Tractor/doubles Full Name of Vehicle Owner (Last, First, Middle) Vehicle Travel 7 Single-unit truck (3 or more ades) 11 Tractor/doubles Street Address City/Town State Zip Vehicle Damaged Area (circle up to three) 1 Travelling straight ahead 4 Turning left 7 Leaving truffic lane 10 Backing 97 Other 1 Travelling straight ahead 4 Turning left 8 Entering traffic lane 9 Overtains/passing 1 Parked 99 Unknown Scotion E: Non-Motorist(s) Involved in the Crists Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist doing prior to the crash? Indicate the type of non-motorist folion prior to the crash? Indicate the type of non-mot			ja	License Cl	200					ense I				
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	Safety Equipment? 0 None used 6 Helmet	10 Other	1 Fatal injury Non-fatal injury:		i No injur	~v	1 2	Not t	ranspo (emer	orted			9	

			Section F: Cr	ash Co	nditions				
Light Conditions	Weather Conditi	ons (up to two)	Traffic Control Device	2	Was the traffic	Road Su	face		Roadway Intersection Type
1 Daylight	1 Clear		1 No controls		control device	1 Dry 2 Wet			
2 Dawn 3 Dusk	2 Cloudy 3 Rain		2 Stop signs 3 Traffic control sign	al .	functioning at the time of the	l.			1 Not at intersection
Dusk Dark - lighted roadway	4 Snow		4 Flashing traffic con	crash?	4 Ice			2 Four-way intersection	
5 Dark - roadway not lighted		reezing rain	5 Yield signs	-			mud, dirt, oi		3 T-intersection
6 Dark - unknown roadway	6 Fog, smog,		6 School zone signs		1Yes		(standing, n	oving)	4 Y-intersection
lighting	7 Severe cros 8 Blowing sar	1	7 Warning signs 8 Railroad crossing d	enice	2 No	7 Sinsh 97 Other			5 On ramp
97 Other 99 Unknown	97 Other	id, silow	99 Unknown		99 Unkn			6 Off ramp 7 Traffic circle	
,,,	99 Unknown								8 Five-point or more
Trafficway Description		School Bus	Work Zone		of Collision				9 Driveway
1 Two-way, not divided		Related?	Related?	1 Single 2 Rear-	vehicle crash	6 7	Head on Rear to rea	-	10 Railway grade crossing
2 Two-way, divided, unpr 3 Two-way, divided, prot		1Yes	IYes	3 Angle			Unknown	•	99 Unknown
4 One-way, not divided		2 No	2 No		wipe, same direction				
99 Unknown		- NO	2	5 Sides	wipe, opposite dire	ction			
			Section G: C	rash D	iagram				
	1 1	!				!	:		draw a diagram of the
	:			1			ĺ		ay or streets where the crash ed, indicating the vehicles
				ļ				involv	ed and direction of travel
Indicate North by	\$:	•		the following symbols: = Direction
Аптом				1					= Direction = Vehicle 1 (Your Vehicle)
			District and Light College Col	<u> </u>					= Vehicle 2
	i				:	İ	:	å	= Pedestrian/Non-motorist = North
	·				:		4,	<u> </u>	
		:					!		one of the following if ash did not occur on a
						1			way:
				ļ					Off-street parking lot
	1	;	į į				•		Garage Mall/shopping center
		!		·					Other private way
	1		Cartina II. Wit		formation		ا		
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Witness Name (Last, First, M	Addie)	Address						 -	
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			erty Damage In	iormai	Phone		erty and Da	F	
Owner Name (Last, First, M	iddle)	Address			Phone	Flop	erty and Da	mage L	rescription
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