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
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.

Collision with
1 Motor vehicle in traffic
2 Parked motor vehicle
3 Pedestrian
4 Cyclist
5 Animal-deer
6 Animal-other
7 Moped
8 Work zone maintenance equipment
9 Railway vehicle (train, engine)
10 Other movable object
11 Unknown movable object
20 Curb
21 Tree
22 Utility pole
23 Light pole or other post/support
24 Guardrail
25 Median barrier
26 Ditch
27 Embankment/Sloping shoulder
28 Highway traffic signpost
29 Overhead signal support
30 Fence
31 Mailbox
32 Crash cushion/Impact attenuator
33 Bridge
34 Bridge overhead structure
35 Other fixed object (wall, building, tunnel)
36 Unknown fixed object
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
53 Other
54 Unknown

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
53 Other
54 Unknown

Vehicle Damaged Area
(circle up to three)

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

Section A: Crash Location

City/Town Where Crash Occurred

Date of Crash

Time of Crash

# Vehicles Involved:

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 __________________________

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: __________________________

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 __________________________

b) Exit Number __________________________

OR: c) Intersecting Street/Roadway __________________________

Route# __________________________ Name of Roadway/Street __________________________
### 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>Date of Birth/Age</th>
<th>Sex</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>Name of Medical Facility</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Driver (See previous page)**

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Name of Passenger 1 (Last, First, Middle)**

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Name of Passenger 2 (Last, First, Middle)**

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Name of Passenger 3 (Last, First, Middle)**

<table>
<thead>
<tr>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Number of occupants in the Vehicle:</th>
<th>Number of injured occupants:</th>
<th>Was Vehicle Damage above $1000?</th>
<th>Moped?</th>
<th>Hit and Run?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Driver’s License Number**

<table>
<thead>
<tr>
<th>License State</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>License Class</th>
<th>Commercial Driver’s License Endorsements</th>
<th>Reg. Type</th>
<th>Reg. State</th>
<th>Vehicle Year</th>
<th>Vehicle Make</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Full Name of Vehicle Driver (Last, First, Middle)**

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Insurance Company**

<table>
<thead>
<tr>
<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**

1. Passenger car
2. Light truck (van, mini-van, pick-up, sport utility)
3. 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>
</table>

**Vehicle Travel Direction**

<table>
<thead>
<tr>
<th>What Was the Vehicle Doing Prior to the Crash?</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Vehicle Damaged Area (circle up to three)**

1. None
2. 10 Undercarriage
3. 11 Totaled
4. 97 Other
5. 99 Unknown

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

<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>1. Entering or crossing location</td>
<td>1. Marked crosswalk at intersection</td>
<td>1. Not transported</td>
</tr>
<tr>
<td>2. Walking, running, or cycling</td>
<td>2. At intersection but no crosswalk</td>
<td>2. EMS (emergency service)</td>
</tr>
<tr>
<td>4. Pushing vehicle</td>
<td>4. In roadway</td>
<td>99 Unknown</td>
</tr>
<tr>
<td>5. Approaching or leaving vehicle</td>
<td>5. Not in roadway</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth/Age**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Full Name of Non-Motorist (Last, First, Middle)</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Safety Equipment?**

<table>
<thead>
<tr>
<th>0 None used</th>
<th>6 Helmet</th>
<th>7 Protective pads (elbows, knees, etc.)</th>
<th>8 Reflective clothing</th>
</tr>
</thead>
</table>

**Injured?**

1. Fatal injury
2. Incapacitating
3. Non-incapacitating
4. Possible
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 ___ Yes</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 ___ Yes</td>
<td>5 Sand, mud, dirt, oil, gravel</td>
<td>5 On 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 ___ Yes</td>
<td>6 Water (standing, moving)</td>
<td>6 Off ramp</td>
</tr>
<tr>
<td>97 Other</td>
<td>7 Severe crosswinds</td>
<td>7 Warning signs</td>
<td>7 ___ Yes</td>
<td>7 Slush</td>
<td>7 Traffic circle</td>
</tr>
<tr>
<td>99 Unknown</td>
<td>8 Blowing sand, snow</td>
<td>8 Railroad crossing device</td>
<td>8 ___ Yes</td>
<td>8 Brick</td>
<td>8 Five-point or more</td>
</tr>
<tr>
<td></td>
<td>97 Other</td>
<td>9 Unknown</td>
<td></td>
<td>97 Other</td>
<td>9 Other</td>
</tr>
<tr>
<td></td>
<td>99 Unknown</td>
<td></td>
<td></td>
<td>99 Unknown</td>
<td>99 Unknown</td>
</tr>
</tbody>
</table>

Section G: Crash Diagram

- Indicate North by Arrow

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"

Print ___________________________ Date ___________________________