

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.

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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 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:

1. Mail or deliver one copy to the local police department or state police in the city or town where the crash occurred.
2. Mail one copy to your Insurance Company.
3. Mail one copy to the RMV at the following address:
Crash Records
Registry of Motor Vehicles
P.O. Box 55889
Boston, MA 02205-5889

Section A: Crash Location

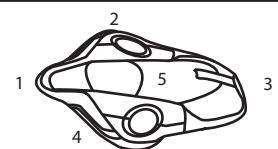
City/Town Where Crash Occurred	Date of Crash	Time of Crash ___:___ AM ___ PM	# Vehicles Involved:
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Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>_____</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>_____</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>_____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____</p> <p>on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p> <p>AND: f) Altitude _____</p>
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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	Age	Sex __M __F	License Class __D __A __B __C M Unknown	Commercial Driver's License Endorsements H __ Hazardous N __ Tank vehicles P __ Passenger T __ Doubles/Triples X __ Tank and Hazardous transport																										
Your Full Name (Last, First, Middle)			Street Address		City/Town	State	Zip																									
Insurance Company			Vehicle Registration #																													
Full Name of Vehicle Owner (First, Middle, Last)			Street Address		City/town	State	Zip																									
<p>Indicate type of vehicle</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 Passenger car</td> <td style="width: 25%;">4 Bus (15 or more passengers)</td> <td style="width: 25%;">8 Truck/trailer</td> <td style="width: 25%;">12 Tractor/triples</td> <td style="width: 25%;">17 Unknown</td> </tr> <tr> <td>2 Light truck (van, mini-van, pick-up, sport utility)</td> <td>5 Bus (7-15 passengers)</td> <td>9 Truck tractor (bobtail)</td> <td>10 Tractor/semi-trailer</td> <td>13 Unknown heavy truck</td> </tr> <tr> <td>3 Motorcycle</td> <td>6 Single-unit truck (2 axles)</td> <td>11 Tractor/doubles</td> <td>14 Motor home/recreational vehicle</td> <td>18 none</td> </tr> <tr> <td></td> <td>7 Single-unit truck (3 or more axles)</td> <td></td> <td>15 Propeller powered vehicle</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>16 Commercial Aircraft</td> <td></td> </tr> </table>								1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	17 Unknown	2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	10 Tractor/semi-trailer	13 Unknown heavy truck	3 Motorcycle	6 Single-unit truck (2 axles)	11 Tractor/doubles	14 Motor home/recreational vehicle	18 none		7 Single-unit truck (3 or more axles)		15 Propeller powered vehicle					16 Commercial Aircraft	
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<p>What Was Your Vehicle Doing Prior to the Crash?</p> <table style="width: 100%; border: none;"> <tr> <td>1 Travelling straight ahead</td> <td>4 Turning left</td> </tr> <tr> <td>2 Slowing or stopped</td> <td>5 Changing lanes</td> </tr> <tr> <td>3 Turning right</td> <td>6 Entering traffic lane</td> </tr> </table>								1 Travelling straight ahead	4 Turning left	2 Slowing or stopped	5 Changing lanes	3 Turning right	6 Entering traffic lane																			
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What happened first?		What happened 2nd (if applicable)?		What happened 3rd (if applicable)?		What happened 4th (if applicable)?																										
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																										
<p>Collision with</p> <ul style="list-style-type: none"> 1 Motor vehicle in traffic 2 Parked motor vehicle 3 Pedestrian 4 Cyclist 5 Animal- Bird 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 Nav bouy 22 Utility pole 		<ul style="list-style-type: none"> 23 Light pole or other post/support 24 Antenna 25 Gravity barrier 26 Weather Balloon 27 Embankment/Sloping shoulder 28 Highway traffic signpost 29 Overhead sign support 30 Fence 31 Power Cable 32 Crash cushion/Impact attenuator 33 Skyscraper 34 Bridge overhead structure 35 Other fixed object (wall, building, tunnel) 36 Unknown fixed object 		<p>Non-Collision</p> <ul style="list-style-type: none"> 40 Ran off road right 41 Ran off road left 42 Cross median/centerline 43 Freefall 44 Equipment failure (grav unit short, thrusters, 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 																												

Was your Vehicle Towed From the Scene Due to Damage? __Yes __No	Vehicle Damage (circle up to 3)	
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Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark 5 Dark (lit roadway) 6 Unknown	Weather Conditions 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smoke smog 7 Debris Shower	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Yield signs 6 School Zone 7 Warning 8 Aircraft crossing device 9 Unkonwn	Was the traffic control device functioning at the time of the crash? 1 Yes 2 No	Intersection Type 1 Not an intersection 2 Four-Way intersection 3 T intersection 4 Y intersection 5 Ascention ramp 6 Descention ramp 7 Hangar Exit 8 Hangar Entrance
Trafficway Description 1 Upper- Lower with gravity barriers 2 Left- Right with gravity barriers 3 Upper- Lower without gravity barriers 4 Left- Right without gravity barriers 5 One way 6 Unkown	School Transport Related? 1 Yes 2 No	Work Zone Related? 1 Yes 2 No	Manner of Collision 1 Single vehicle crash 2 Rear end 3 Angle (Horizontal) 4 Angle (Vertical) 5 Sideswipe same direction 6 Sideswipe opposite direction	7 Topswipe same direction 8 Topswipe opposite direction 9 Bottomswipe same direction 10 Bottomswipe opposite direction 11 Unknown

Section G: Crash Diagram

Please draw a diagram IN TWO POINT PERSPECTIVE of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:

You
1

Them
2

Direction of Motion

Upwards

Ground

