

A. Crash Location

A1. City/Town Where Crash Occurred A2. Date of Crash A3. Time of Crash 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?

If Yes. Step 1. Please indicate the route or roadway where you were travelling when the crash occurred: Step 2. What was the name (or names) of the intersecting streets?

If No. Step 1. Please indicate the route, roadway and address where the crash occurred: Step 2. Please provide as much of the following specific location information as possible:

B. Vehicle You Were Driving

B1. Number of occupants in vehicle (including yourself): B2. Was vehicle damage above \$1000?

B3. Driver's License Number B4. License State B5. DOB B6. Age B7. Sex B8. License Class

B9. Commercial Driver's License Endorsements B10. Vehicle Travel Direction

B11. Your Full Name (Last, First, Middle) B12. Street Address City State Zip Code

B13. Insurance Company B14. Vehicle Registration # B15. Reg. Type B16. Reg. State B17. Vehicle Year B18. Vehicle Make

B19. Indicate your type of vehicle 1 Passenger car 2 Light truck (van, mini-van, pick-up, sport utility) 3 Motorcycle 4 Bus (16 or more passengers) 5 Bus (9-15 passengers) 6 Single-unit truck (2 axles) 7 Single-unit truck (3 or more axles) 8 Truck/trailer 9 Truck tractor (bobtail) 10 Tractor/semi-trailer 11 Tractor/doubles 12 Tractor/triples 13 Unknown heavy truck 14 Motor home/recreational vehicle 15 Moped 16 Low Speed Vehicle 17 All terrain vehicle(ATV) 18 Snowmobile 19 Other 99 Unknown

B20. Full Name of Vehicle Owner (Last, First, Middle) B21. Street Address City State Zip Code

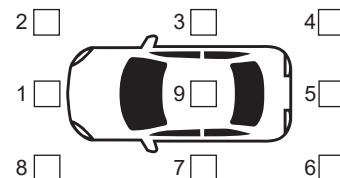
B22. What Was Your Vehicle Doing Prior to the Crash? 1 Travelling straight ahead 2 Slowing or stopped 3 Turning right 4 Turning left 5 Changing lanes 6 Entering traffic lane 7 Leaving traffic lane 8 Making U-turn 9 Overtaking/passing 10 Backing 11 Parked 97 Other 99 Unknown

B23. 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 sign 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 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 97 Other 99 Unknown

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

B25. Vehicle Damaged Area (check up to three) 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown



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.

| | | | | | | |
|--|---------------------|------|-------|----------|-----------------|-----------------|
| C1. Passenger 1 (Last, First, Middle) | C2. Address | City | State | Zip Code | C3. DOB | C4. Sex |
| C5. Passenger 2 (Last, First, Middle) | C6. Address | City | State | Zip Code | C7. DOB | C8. Sex |
| C9. Passenger 3 (Last, First, Middle) | C10. Address | City | State | Zip Code | C11. DOB | C12. 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) 2 Front seat - middle 3 Front seat - right side 4 Second seat - left side (or motorcycle passenger) 5 Second seat - middle 6 Second seat - right side 7 Third row - left side (or motorcycle passenger) | | 8 Third row - middle 9 Third row - right side 10 Sleeper section of cab 11 Enclosed passenger area 12 Unenclosed passenger area 13 Trailing unit 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 3 Not applicable 1 Totally ejected 97 Unknown 2 Partially ejected | | Trapped? 0 Not trapped 2 Freed by non-mechanical means 1 Freed by 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 3 Police 2 EMS (emergency service) 97 Other 99 Unknown | |

D. Other Vehicle(s) Involved in the Crash

| | | | | | | |
|--|--|--|--|---|---|--|
| D1. Number of occupants in the Vehicle: | D2. Number of injured occupants | D3. Was Vehicle Damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | D4. Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No | D5. Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| D6. Driver's License Number | D7. License State | D8. DOB | D9. Age | D10. Sex <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> F <input type="checkbox"/> U | D11. 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 | |
| D12. 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 | | | D13. Vehicle Travel Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | | | |
| D14. Name of Vehicle Driver (Last, First, Middle) | | D15. Street Address | | City | State | Zip Code |
| D16. Insurance Company | D17. Vehicle Registration # | D18. Reg. Type | D19. Reg. State | D20. Vehicle Year | D21. Vehicle Make | |
| D22. Indicate your type of vehicle | | <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"/> 1 Passenger car | | <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"/> 2 Light truck (van, mini-van, pick-up, sport utility) | | <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"/> 3 Motorcycle | | <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 | | | | |
| D23. Full Name of Vehicle Owner (Last, First, Middle) | | D24. Street Address | | City | State | Zip Code |

| | | | | | |
|---|--|---|--|----------------------------|---|
| D25. What Was Your Vehicle Doing Prior to the Crash? | | | D26. Vehicle Damaged Area (check up to three) | | |
| <input type="checkbox"/> 1 Travelling straight ahead | <input type="checkbox"/> 5 Changing lanes | <input type="checkbox"/> 9 Overtaking/passing | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <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 | | | |
| | | | 8 <input type="checkbox"/> | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> 0 None <input type="checkbox"/> 10 Undercarriage <input type="checkbox"/> 11 Totaled <input type="checkbox"/> 97 Other <input type="checkbox"/> 99 Unknown |

H. Witness Information

| | | | | | |
|---|---------------------------|------|-------|----------|------------------|
| H1. Witness Name (Last, First, Middle) | H2. Street Address | City | State | Zip Code | H3. Phone |
| H4. Witness Name (Last, First, Middle) | H5. Street Address | City | State | Zip Code | H6. Phone |

I. Property Damage Information (Other than Vehicles)

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

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

"Signed under Pains and Penalties of Perjury"

Print

Date



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