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

CRASH102_1119
A. Crash Location

A1. City/Town Where Crash Occurred | A2. Date of Crash | A3. Time of Crash | A4. # Vehicles Involved:

A5. Did the crash occur at an intersection of two or more streets? [ ] Yes  [ ] No

If Yes.  

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?

Routes#  
Name of Roadway/Street

If No.  

Step 1. Please indicate the route, roadway and address where the crash occurred:

The crash occurred on Route #_________ at Street or Address Number: ______ on the Street/Roadway known as_________.

Step 2. Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _________ (indicate direction as N/S/E/W) _______ 

of:  
a) Mile Marker number _________ OR:  
b) Exit Number _________ OR:  
c) Intersecting Street/Roadway _________ Route# Name of Roadway/Street _________

OR:  
d) Landmark _________

B. Vehicle You Were Driving

B1. Number of occupants in vehicle (including yourself):  
B2. Was vehicle damage above $1000? [ ] Yes  [ ] No

B3. Driver’s License Number  
B4. License State  
B5. DOB  
B6. Age  
B7. Sex  
B8. License Class  
B9. Commercial Driver’s License Endorsements  
[ ] P (Passenger transport)  
[ ] T (Doubles/Triples)  
[ ] H (Hazardous)  
[ ] X (Tank and Hazardous)  
[ ] N (Tank Vehicles)  
[ ] S School Bus  
[ ] E  
[ ] W

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 axes)  
[ ] 7 Single-unit truck (3 or more axes)  
[ ] 8 Truck/trailer  
[ ] 9 Truck tractor (hobtail)  
[ ] 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  
[ ] 97 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  
37 Manhole cover  
38 Fuel dispensing equipment  
39 Fire hydrant  
40 Fire-fighting ditch  
41 Fire suppression system  
42 Emergency route  
43 Storm drain  
44 Traffic control device  
45 Emergency vehicle  
46 Fire/explosion  
47 Jackknife  
48 Cargo/equipment loss or shift  
49 Separation of units  
50 Downhill runaway  
51 Other non-collision  
52 Unknown non-collision  
53 Unknown  
54 Other  
55 Mud/sand/ice  
56 Water  
57 Wind  
58 Other weather condition  
59 Waterway  
60 Other waterway condition  
61 Animal-deer  
62 Animal-other  
63 Rollover  
64 Other vehicle  
65 Other vehicle  
66 Other vehicle

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

B25. Vehicle Damaged Area (check up to three)  
[ ] 1 None  
[ ] 2 Totalled  
[ ] 3 Underride  
[ ] 4 0 Undercarriage  
[ ] 5 Others  
[ ] 6 Other

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C. You and Your Passengers

<table>
<thead>
<tr>
<th>Passenger</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>DOB</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Seating Position**
- Driver
- Passenger 1
- Passenger 2
- Passenger 3

**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
- 1 Totally ejected
- 2 Partially ejected
- 97 Unknown

**Injured?**
- 0 None
- 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

**Number of occupants in the Vehicle:**
**Number of injured occupants:**
**Was Vehicle Damage above $1000?**
- Yes
- No

**Driver’s License Number**
**License State**
**DOB**
**Age**
**Sex**
**License Class**
- D
- A
- Unknown
- C
- B
- M

**Commercial Driver’s License Endorsements**
- P (Passenger transport)
- T (Double/Triples)
- S School Bus
- N
- S
- E
- W

**Name of Vehicle Driver (Last, First, Middle)**
**Street Address**
**City**
**State**
**Zip Code**

**Insurance Company**
**Vehicle Registration #**
**Reg. Type**
**Reg. State**
**Vehicle Year**
**Vehicle Make**
- 17 All terrain vehicle (ATV)
- 18 Snowmobile
- 97 Other
- 99 Unknown

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

**What Was Your Vehicle Doing Prior to the Crash?**
- 1 Travelling straight ahead
- 2 Slowing or stopped
- 3 Turning right
- 4 Turning left

**Vehicle Damaged Area (check up to three):**
- 0 None
- 10 Undercarriage
- 11 Towed
- 97 Other
- 99 Unknown

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### E. Non-Motorist(s) Involved in the Crash

<table>
<thead>
<tr>
<th>E1. Indicate the type of non-motorist involved</th>
<th>1 Pedestrian</th>
<th>2 Cyclist</th>
<th>3 Skater</th>
<th>97 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E2. What was the non-motorist doing prior to the crash?</th>
<th>1 Entering or crossing location</th>
<th>2 Pushing vehicle</th>
<th>3 Approaching or leaving vehicle</th>
<th>4 Working on vehicle</th>
<th>5 Standing</th>
<th>97 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E3. Where was the non-motorist prior to the crash?</th>
<th>1 Marked crosswalk at intersection</th>
<th>2 At intersection but no crosswalk</th>
<th>3 Non-intersection crosswalk</th>
<th>4 In roadway</th>
<th>5 Not in roadway</th>
<th>6 Median (but not on shoulder)</th>
<th>7 Island</th>
<th>8 Shoulder</th>
<th>9 Sidewalk</th>
<th>10 Shared-use path or trails</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E4. Full Name of Non-Motorist (Last, First, Middle)</th>
<th>E5. Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>E6. DOB</th>
<th>E7. Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E8. Safety Equipment?</th>
<th>8 Reflective clothing</th>
<th>9 Lighting</th>
<th>10 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E9. Injured?</th>
<th>1 Fatal</th>
<th>7 Suspected minor injury</th>
<th>9 Possible injury</th>
<th>10 No apparent injury</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E10. Transported for Medical Care?</th>
<th>1 Not transported</th>
<th>2 EMS (emergency service)</th>
<th>3 Police</th>
<th>97 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E11. If transported, please indicate Hospital/Medical Facility:</th>
<th>F. Crash Conditions</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F1. Light Conditions</th>
<th>1 Daylight</th>
<th>2 Dawn</th>
<th>3 Dusk</th>
<th>4 Dark - lighted roadway</th>
<th>5 Dark - roadway not lighted</th>
<th>6 Dark - unknown roadway lighting</th>
<th>97 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F2. Weather Conditions (up to two)</th>
<th>1 Clear</th>
<th>2 Cloudy</th>
<th>3 Rain</th>
<th>4 Snow</th>
<th>5 Street, hail, freezing rain</th>
<th>6 Fog, smog, smoke</th>
<th>97 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F3. Traffic Control Device</th>
<th>1 No controls</th>
<th>2 Stop signs</th>
<th>3 Traffic control signal</th>
<th>4 Flashing traffic control signal</th>
<th>5 Yield signs</th>
<th>6 School zone signs</th>
<th>7 Warning signs</th>
<th>8 Railroad crossing device</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F4. Road Surface</th>
<th>1 Dry</th>
<th>2 Wet</th>
<th>3 Snow</th>
<th>4 Ice</th>
<th>5 Sand, mud, dirt, oil, gravel</th>
<th>6 Water (standing, moving)</th>
<th>7 Slush</th>
<th>97 Other</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F5. Trafficway Description</th>
<th>1 Two-way, not divided</th>
<th>2 Two-way, divided, unprotected median</th>
<th>3 Two-way, divided, protected median</th>
<th>4 One-way, not divided</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F6. Manner of Collision</th>
<th>1 Single vehicle crash</th>
<th>2 Rear-end</th>
<th>3 Angle</th>
<th>4 Sideswipe, same direction</th>
<th>5 Sideswipe, opposite direction</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F7. Roadway intersection Type</th>
<th>1 Not at intersection</th>
<th>2 Four-way intersection</th>
<th>3 T-intersection</th>
<th>4 Y-intersection</th>
<th>5 On ramp</th>
<th>6 Off ramp</th>
<th>7 Traffic circle</th>
<th>8 Five-point or more</th>
<th>9 Driveway</th>
<th>10 Railway grade crossing</th>
<th>99 Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F8. Was the traffic control device functioning at the time of the crash?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F9. School Bus Related?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>F10. Work Zone Related?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### G. Crash Diagram

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

- Direction
- 1 = Vehicle 1 (Your Vehicle)
- 2 = Vehicle 2
- = Pedestrian/Non-motorist
- = North

Select one of the following if the crash did not occur on a public way:

- Off-street parking lot
- Garage
- Mall/shopping center
- Other private way

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H. Witness Information

<table>
<thead>
<tr>
<th>H1. Witness Name (Last, First, Middle)</th>
<th>H2. Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>H3. Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>H4. Witness Name (Last, First, Middle)</td>
<td>H5. Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>H6. Phone</td>
</tr>
</tbody>
</table>

I. Property Damage Information (Other than Vehicles)

<table>
<thead>
<tr>
<th>H. Owner Name (Last, First, Middle)</th>
<th>I2. Street Address</th>
<th>I3. Phone</th>
<th>I4. Property and Damage Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I5. Owner Name (Last, First, Middle)</td>
<td>I6. Street Address</td>
<td>I7. Phone</td>
<td>I8. Property and Damage Description</td>
</tr>
</tbody>
</table>

J. Description of What Happened


K. Signature

"Signed under Pains and Penalties of Perjury"  Print  Date