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 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. Runoff road
38. Intersection
39. Other 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

**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

Was your Vehicle Towed From the Scene Due to Damage?  ___Yes  ___No

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**Section A: Crash Location**

**Number of occupants in vehicle (including yourself):**    _________

**Was vehicle damage above $1000?**  ___Yes  ___No

**Driver’s License Number**

**Date of Crash**

**Time of Crash**   ____ : ____   __ AM __ PM

**# Vehicles Involved:**

**City/Town Where Crash Occurred**

**Date of Crash**

**Time of Crash**   ____ : ____   __ AM __ PM

**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**

**Step 3:** Please provide as much of the following specific location information as possible:

**The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _______**

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**Section B: Vehicle You Were Driving**

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

**Street Address City/Town**

**Reg. Type**

**State**

**Zip**

**Was your Vehicle Towed From the Scene Due to Damage?**  ___Yes  ___No

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**Vehicle Damaged Area**

(circle up to three)
### 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>Full Name of Vehicle Driver (Last, First, Middle)</th>
<th>Address</th>
<th>Date of Birth/Age</th>
<th>Sex</th>
<th>M/F</th>
<th>Number of occupants in the Vehicle: ____</th>
<th>Number of injured occupants: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Vehicle Owner (Last, First, Middle)</td>
<td>Street Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Driver's License Number</th>
<th>License State</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>M/F</th>
<th>License Class</th>
<th>Commercial Driver's License Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Vehicle Driver (Last, First, Middle)</td>
<td>Street Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Full Name of Vehicle Owner (Last, First, Middle) | Street Address | City/Town | State | Zip |

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

<table>
<thead>
<tr>
<th>What Was the Vehicle Doing Prior to the Crash?</th>
<th>Vehicle Damaged Area (circle up to three)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Age</td>
<td>Sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Equipment?</th>
<th>Injured?</th>
<th>Transported for Medical Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Age</td>
<td>Sex</td>
<td>Full Name of Non-Motorist (Last, First, Middle)</td>
</tr>
</tbody>
</table>

### Section F: Ejected From Vehicle?

<table>
<thead>
<tr>
<th>Ejected From Vehicle?</th>
<th>Full Name of Passengers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Age</td>
<td>Sex</td>
</tr>
</tbody>
</table>

### Section G: Injured?

<table>
<thead>
<tr>
<th>Injured?</th>
<th>Number of fatalities in the vehicle: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Age</td>
<td>Sex</td>
</tr>
</tbody>
</table>

### Section H: Transported for Medical Care?

<table>
<thead>
<tr>
<th>Transported for Medical Care?</th>
<th>Number of fatalities in the vehicle: ____</th>
</tr>
</thead>
</table>
### Section F: Crash Conditions

#### Light Conditions
1. Daylight
2. Dawn
3. Dusk
4. Dark - lighted roadway
5. Dark - roadway not lighted
6. Dark - unknown roadway lighting
7. Other
8. Unknown

#### Weather Conditions (up to two)
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet, hail, freezing rain
6. Fog, smog, smoke
7. Severe crosswinds
8. Blowing sand, snow
9. Other
10. Unknown

#### Traffic Control Device
1. No controls
2. Stop signs
3. Traffic control signal
4. Flashing traffic control signal
5. Yield signs
6. School zone signs
7. Warning signs
8. Railroad crossing device
9. Other
10. Unknown

#### Was the traffic control device functioning at the time of the crash?
1. Yes
2. No
3. Unknown

#### Road Surface
1. Dry
2. Wet
3. Snow
4. Ice
5. Sand, mud, dirt, oil, gravel
6. Water (standing, moving)
7. Slush
8. Other
9. Unknown

#### Roadway Intersection Type
1. Not at intersection
2. Four-way intersection
3. T-intersection
4. Y-intersection
5. On ramp
6. Off ramp
7. Traffic circle
8. Five-point or more
9. Driveway
10. Railway grade crossing
11. Other
12. Unknown

#### Trafficway Description
1. Two-way, not divided
2. Two-way, divided, unprotected median
3. Two-way, divided, protected median
4. One-way, not divided
5. Unknown

#### School Bus Related?
1. Yes
2. No

#### Work Zone Related?
1. Yes
2. No

#### Manner of Collision
1. Single vehicle crash
2. Rear-end
3. Angle
4. Sideswipe, same direction
5. Sideswipe, opposite direction
6. Head on
7. Rear to rear
8. Other
9. Unknown

### Section 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
- [ ] = Vehicle 1 (Your Vehicle)
- [ ] = 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

### Section H: Witness Information

<table>
<thead>
<tr>
<th>Witness Name (Last, First, Middle)</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</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>
<tbody>
<tr>
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</tbody>
</table>

### Section J: Description of What Happened

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### Section K: Signature

“Signed under Pains and Penalties of Perjury”

[Signature]

Print ___________________________  Date ___________________________