

Commonwealth of Massachusetts Motor Vehicle Crash Operator Report

When Should You File a Report

You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

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 <u>and</u> 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

occurred.

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 your local police department in the city or town where the crash

- ☐ 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

CRA-23 #10365 G003402 05/02 MCI

Section A: Crash Location											
City/Town Where Crash Occurred									# Vehicles Involved:		
Please complete Section A1 If you need additional space					ge of this form.						
SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:				SECTION intersection:	occur at an						
Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:				Step 1: Plea	se indicate the	route, roa	dway and a	ddress where	the crash occurred:		
word transfer and transfer december.				The crash occurred on Route #: at Street or Address Number:							
Route# Name of Roadway/Street				on the Street/Roadway known as:							
Step 2: What was the name (or names) of the intersecting streets?				<u>Step 2</u> : Please provide as much of the following specific location information as possion. The crash occurred (estimate number of feet) feet							
				(indicate direction as N/S/E/W) of							
Route#	_	a) Mile Marker number •									
				OR: b) Exit Number OR: c) Intersecting Street/Roadway							
Route#	Name of Roadway	y/Street		Route# Name of Roadway/Stree OR: d) Landmark							
		Sect	ion R: V		ou Were D						
Number of occupants in v	ehicle (including yours				nage above \$100		s No				
Driver's License Number	License State		ı Age Sex	Licer	ise Class AB Unknown	Comm	ercial Driver'	s License Endo N Tank			
Your Full Name (Last, Firs	eet Address	M _F _ D _ M	and Hazardous transport State Zip								
Tour Turi Turie (East, Tris	, Widdle)	Suc	oct riddress		_	City/To			State Zap		
Insurance Company		Ve	hicle Re	gistration #	Reg. Type	Reg. Stat	e Vehicle	e Year	Vehicle Make		
Indicate your type of vel	nicle					-	I				
Passenger car Light truck (van, min pick-up, sport utility) Motorcycle Full Name of Vehicle Over the control of	4 Bus (15 or m i-van, 5 Bus (7-15 par 6 Single-unit tru 7 Single-unit tru vner (Last, First, Midd	9	Truck tractor 0 Tractor/semi 1 Tractor/doub	(bobtail) 13 -trailer 14		triples n heavy truckome/recreation City/Tow	onal vehicle	97 Other 99 Unknown State Zip			
	What Was Your Veh	nicle Doing I	Prior to the	Crach?							
Vehicle Travel Direction	1 Travelling straigh	_	4 Turnir		7 Leaving trai	affic lane	10 Backi	ng	97 Other		
N S E W 2 Slowing or stopped 5				ging lanes	8 Making U-to	turn	11 Parke		99 Unknown		
	3 Turning right		6 Enterir	ng traffic lane	9 Overtaking	/passing					
Please Indicate the Sequ	ence of Events as they	y occurred t	o YOUR V	ehicle by writ	ing the corresp	ponding nu	imber (1-52	, or 97, 99) in	up to 4 boxes below.		
What happened first?	What happene	d 2 nd (if app	olicable)?	Wh	at happened 3	rd (if appli	cable)?	What hap	opened 4 th (if applicable)?		
Collision with Motor vehicle in traf Parked motor vehicle Pedestrian Cyclist Animal- deer Animal- other Moped Work zone maintena Railway vehicle (trai Unknown movable of Unknown movable of Curb Tree Utility pole	nce equipment n, engine) t	24 Guard 25 Medid 26 Ditch 27 Emba 28 High 29 Overl 30 Fence 31 Mailt 32 Crash 33 Bridg 34 Bridg 35 Other	drail an barrier ankment/Slo way traffic head sign s e box a cushion/In ge ge overhead	upport mpact attenuate structure ct (wall, build:	or	Non 40 41 42 43 44 45 46 47 48 49 50 51 52 97	Overturn/re Equipment Fire/explos Immersion Jackknife Cargo/equi Separation Downhill r	ad left ian/centerline ollover failure (blown sion pment loss or of units runaway	n tire, brakes, etc) shift		
Was your Vehicle Towed Fre	om the Scene Due to Dar	mage? _Yes	No		Damaged Area up to three)	1 8		3 9 5 7 6	0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown		

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.															
(yoursen and an passengers). A list of the	Jossible codes is provide	d at the bottom of this	section.	Date of	Sex	A	В	C D	Е	F	G	Н	Name of		
Duivon (See previous page)				Birth/Age	M/F								Medical Facility		
Driver (See previous page)															
Name of Passenger 1 (Last, First, Middle)															
	Address														
Name of Decree 2 (Last First Middle)	City/Town	State	Zip												
Name of Passenger 2 (Last, First, Middle)															
	City/Town														
Name of Passenger 3 (Last, First, Middle)	City/10wii	State													
		Address													
	City/Town	State	Zip						<u> </u>						
A. Seating Position			B. Safety S	-	sed	C.	. Air E	ag Stat	us I). Ai	r Baş	g Swi	tch		
Front seat - left side (or motorcycle drive Front seat - middle	er) 9 Third row - 10 Sleeper sect	-	o Itone used			1 Deployed-front 1 Switch in O					-				
3 Front seat - middle 3 Front seat - right side	11 Enclosed pa		2 Lap belt	r and lap belt 2 Deployed-side 2 Switch in 3 Deployed both 3 ON-OFF						•					
4 Second seat - left side (or motorcycle pas	-	-	_	r belt only	v		•	and sid			ON-OFF switch not present Inknown if switch is present				
5 Second seat - middle	13 Trailing uni		4 Child safety												
6 Second seat - right side		vehicle exterior	ehicle exterior 5 Helmet						**						
7 Third row - left side (or motorcycle pass 8 Third row - middle	99 Unknown		99 Unknow	/n		99	Unk	nown							
E. Ejected From Vehicle? F. Trapped?		G. Injured?	l			I	H. Tra	nsporte	d for	Medi	cal C	are?			
0 Not ejected 0 Not trapped		1 Fatal injury				1	Not	transpor	ted			97	Other		
	echanical means	Non-fatal injury: 2 Incapacitating		5 No inju	rv		2 EMS (emergency service) 99 Unknown 3 Police								
2 Partially ejected 2 Freed by no 2 Not applicable 99 Unknown	on-mechanical means	3 Non-incapacitat		99 Unknov	•	3	Poli	e							
99 Unknown		4 Possible	/ \ T		4										
	Section D: C	Other Vehicle	(S) Invol	ved in	the	e Cr	ash								
Number of occupants in the Vehicle:	Number of injured		Vas Vehicle D bove \$1000?	amage	Yes _	No	Mor	ed?	Yes _	_No			ın? _Yes _No		
Driver's License Number	License State Date of F	Birth Age SexMF	License Cla	B	. С[Н	H	lazardo		cense i	_ Tar	ements ik vehi ik and	cles	P_Passenger		
Full Name of Vehicle Driver (Last, Firs	t Middle) St	reet Address	M U	nknown	City/		Doubles/	Iriples	Χ_	_ 1 ar	K and Sta		lous transport Zip		
Tun rame of vehicle Briver (Basi, This	i, imadic)				,		-						r		
Insurance Company	V	ehicle Registration	// D.	g. Type	Reg	. Stat	e	Vehicle	Year		37.1.	_			
This man with the real venture									veni	cle M	ake				
			# Reg	, -JF-					T Cui		veni	cle M	ake		
Indicate type of vehicle			# Reg								veni	cle M	ake		
	(15 or more passengers)	8 Truck/tr			racto	r/triple				97 (cle M	ake		
1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus	(7-15 passengers)	9 Truck to	ailer ractor (bobtail)	12 T	Jnkno	wn he	es eavy tr	ıck					ake		
1 Passenger car 4 Bus 2 Light truck (van, mini-van, 5 Bus pick-up, sport utility) 6 Sing	(7-15 passengers) le-unit truck (2 axles)	9 Truck to 10 Tractor/	ailer ractor (bobtail) semi-trailer	12 T	Jnkno	wn he	es eavy tr				Other		ake		
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	Section F: Crash Conditions							
Light Conditions Weather Conditions (up to two)			Traffic Control Device	2	Was the traffic	Road Surface		Roadway Intersection Type
1 Daylight	1 Clear		1 No controls		control device	1 Dry		
2 Dawn	2 Cloudy 3 Rain		2 Stop signs	1	functioning at	2 Wet 3 Snow		
3 Dusk 4 Dark - lighted roadway	3 Rain 4 Snow		3 Traffic control sign4 Flashing traffic con		the time of the crash?	4 Ice		1 Not at intersection
5 Dark - roadway not lighted		freezing rain	5 Yield signs	itioi signai	Crasii.	5 Sand, mud, dir	t. oil. gravel	2 Four-way intersection
6 Dark - unknown roadway 6 Fog, smog, smoke			6 School zone signs		1 Yes	6 Water (standing		3 T-intersection 4 Y-intersection
lighting 7 Severe crosswinds			7 Warning signs		7 Slush			5 On ramp
97 Other 8 Blowing sand, snow			8 Railroad crossing of	levice	2 No 97 Other			6 Off ramp
99 Unknown 97 Other			99 Unknown		99 Unknown			7 Traffic circle
99 Unknown								8 Five-point or more
Trafficway Description School Bu			Work Zone		of Collision	6 II I		9 Driveway
1 Two-way, not divided 2 Two-way, divided, unprotected median			Related?	2 Rear-	e vehicle crash	6 Head or 7 Rear to		10 Railway grade crossing
3 Two-way, divided, prot	1 Yes	1 Yes	3 Angle		99 Unknov		99 Unknown	
4 One-way, not divided			4 Sides	wipe, same direction	on			
99 Unknown		2 No	2 No	5 Sides	wipe, opposite dire	ection		
			Section G: C	rash D	iagram			
							Please	draw a diagram of the
							l l	ay or streets where the crash
								ed, indicating the vehicles
Indicate								ed and direction of travel the following symbols:
North by Arrow								= Direction
								= Vehicle 1 (Your Vehicle)
								= Vehicle 2
								= Pedestrian/Non-motorist = North
							<u> </u>	= North
								one of the following if
								ash did not occur on a
							public	Way: Off-street parking lot
								Garage
							N	Mall/shopping center
							0	Other private way
		5	Section H: Wit	ness In	formation			
Witness Name (Last, First, M	Middle)	Address					P	hone
	Section	I: Prope	rty Damage In	format	ion (Other	than Vehicle	es)	
Owner Name (Last, First, M		Address	,g.		Phone	Property and		escription
		Sectio	n J: Description	n of V	Vhat Hanne	ened		
		Section	n or Description	on or v	· Hat Happy			
			Section K	· Sions	iture			
					.care			
"Signed under Pains and P	enalties of Perjury		Print			Da	te	