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
**A. Crash Location**

<table>
<thead>
<tr>
<th>Step 1.</th>
<th>Step 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes.</td>
<td>If No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Route#</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2.</th>
<th>Step 2.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Route#</th>
<th>Name of Roadway/Street</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**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

**B. Vehicle You Were Driving**

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

<table>
<thead>
<tr>
<th>B3. Driver’s License Number</th>
<th>B4. License State</th>
<th>B5. DOB</th>
<th>B6. Age</th>
<th>B7. Sex</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>B8. License Class</th>
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</thead>
<tbody>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B9. Commercial Driver’s License Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td>P (Passenger transport)</td>
</tr>
<tr>
<td>T (Doubles/Triples)</td>
</tr>
<tr>
<td>S School Bus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B10. Vehicle Travel Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>W</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B11. Your Full Name (Last, First, Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B12. Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B19. Indicate your type of vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Passenger car</td>
</tr>
<tr>
<td>2 Light truck (van, mini-van,</td>
</tr>
<tr>
<td>pick-up, sport utility)</td>
</tr>
<tr>
<td>3 Motorcycle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B20. Full Name of Vehicle Owner (Last, First, Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B21. Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B22. What Was Your Vehicle Doing Prior to the Crash?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Travelling straight ahead</td>
</tr>
<tr>
<td>2 Slowing or stopped</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Collision with</th>
<th>9 Railway vehicle (train, engine)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10 Other movable object</td>
</tr>
<tr>
<td></td>
<td>11 Unknown movable object</td>
</tr>
<tr>
<td></td>
<td>20 Curb</td>
</tr>
<tr>
<td></td>
<td>21 Tree</td>
</tr>
<tr>
<td></td>
<td>22 Utility pole</td>
</tr>
<tr>
<td></td>
<td>23 Light pole or other post/support</td>
</tr>
<tr>
<td></td>
<td>24 Guardrail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Collision</th>
<th>32 Crash cushion/Impact attenuator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33 Bridge</td>
</tr>
<tr>
<td></td>
<td>34 Bridge overhead structure</td>
</tr>
<tr>
<td></td>
<td>35 Other fixed object (wall, building, tunnel)</td>
</tr>
<tr>
<td></td>
<td>36 Unknown fixed object</td>
</tr>
<tr>
<td></td>
<td>40 Ran off road right</td>
</tr>
<tr>
<td></td>
<td>41 Ran off road left</td>
</tr>
<tr>
<td></td>
<td>42 Cross median/centerline</td>
</tr>
<tr>
<td></td>
<td>43 Overturn/rollover</td>
</tr>
<tr>
<td></td>
<td>44 Equipment failure (blown tire, brakes, etc)</td>
</tr>
<tr>
<td></td>
<td>45 Fire/explosion</td>
</tr>
<tr>
<td></td>
<td>46 Immersion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B24. Was your Vehicle Towed from the Scene Due to Damage?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>B25. Vehicle Damaged Area (check up to three)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 None</td>
</tr>
<tr>
<td>10 Undercarriage</td>
</tr>
<tr>
<td>11 Totaled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>5</td>
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<tr>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

CRASH102_1119
### C. You and Your Passengers

<table>
<thead>
<tr>
<th>Seating Position</th>
<th>Safety System Used</th>
<th>Air Bag Status</th>
<th>Ejected From Vehicle?</th>
<th>Trapped?</th>
<th>Injured?</th>
<th>Transported for Medical Care?</th>
<th>Name of Medical Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Passenger 1</td>
<td></td>
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<td>Passenger 2</td>
<td></td>
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</tr>
<tr>
<td>Passenger 3</td>
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</tr>
</tbody>
</table>

- **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)

- **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

- **Injured?**
  0. Fatal
  1. Suspected serious injury
  2. Suspected minor injury
  3. Possible Injury
  9. No apparent injury

- **Transported for Medical Care?**
  0. Not transported
  1. EMS (emergency service)
  97. Other
  99. Unknown

### D. Other Vehicle(s) Involved in the Crash

<table>
<thead>
<tr>
<th></th>
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</tr>
</tbody>
</table>

- **D6. Driver's License Number**
- **D7. License State**
- **D8. DOB**
- **D9. Age**
- **D10. Sex**
- **D11. License Class**
- **D12. Commercial Driver's License Endorsements**
  - P (Passenger transport)
  - T (Doubles/Triples)
  - S (Tank vehicles)
  - N (Sleeper section of cab)
  - H (Hazardous)
  - X (Tank and Hazardous)
  - E (Enclosed passenger area)
  - M (Motorcycle)
  - A (Unenclosed passenger area)
  - C (Unknown heavy truck)

- **D13. Vehicle Travel Direction**
  - N (Front)
  - S (Back)
  - E (Side)
  - W (Unknown)

- **D14. Name of Vehicle Driver (Last, First, Middle)**
- **D15. Street Address**
- **D16. Insurance Company**
- **D17. Vehicle Registration #**
- **D18. Reg. Type**
- **D19. Reg. State**
- **D20. Vehicle Year**
- **D21. Vehicle Make**

- **D22. Indicate your type of vehicle**
  - 1. Passenger car
  - 2. Light truck (van, mini-van, pick-up, sport utility)
  - 3. Motorcycle

- **D23. Full Name of Vehicle Owner (Last, First, Middle)**
- **D24. Street Address**
- **D25. What Was Your Vehicle Doing Prior to the Crash?**
  - 1. Travelling straight ahead
  - 2. Slowing or stopped
  - 3. Turning right
  - 4. Turning left

- **D26. Vehicle Damaged Area (check up to three)**
  - 1. Travelling straight ahead
  - 2. Slowing or stopped
  - 3. Turning right
  - 4. Turning left

CRASH102_1119
E. Non-Motorist(s) Involved in the Crash

E1. Indicate the type of non-motorist involved
- Pedestrian
- Cyclist
- Skater
- Other
- Unknown

E2. What was the non-motorist doing prior to the crash?
- Entering or crossing location
- Walking, running, or cycling
- Working
- Standing
- Pushing vehicle
- Approaching or leaving vehicle
- Working on vehicle
- Not involved

E3. Where was the non-motorist prior to the crash?
- Street Address
- City
- State
- Zip Code
- DOB
- Sex

F. Crash Conditions

F1. Light Conditions
- Daylight
- Dawn
- Dusk
- Dark - lighted roadway
- Dark - roadway not lighted
- Unknown

F2. Weather Conditions (up to two)
- Clear
- Cloudy
- Rain
- Snow
- Sleet, hail, freezing rain
- Fog, smog, smoke
- Severe crosswinds
- Blowing sand, snow
- Other

F3. Traffic Control Device
- No controls
- Stop signs
- Traffic control signal
- Flashing traffic control signal
- Yield signs
- School zone signs
- Warning signs
- Railroad crossing device
- Unknown

F4. Road Surface
- Dry
- Wet
- Snow
- Ice
- Sand, mud, dirt, oil, gravel
- Water (standing, moving)
- Slush
- Driveway
- Driveway
- Shared-use path or trail
- Unknown

F5. Trafficway Description
- Two-way, not divided
- Two-way, divided, unprotected median
- Two-way, divided, protected median
- One-way, not divided
- Unknown

F6. Manner of Collision
- Single vehicle crash
- Rear-end
- Angle
- Sideswipe, same direction
- Sideswipe, opposite direction
- Head on
- Rear to rear
- Unknown

F7. Roadway Intersection Type
- Not at intersection
- Four-way intersection
- T-intersection
- Y-intersection
- On ramp
- Off ramp
- Traffic circle
- Five-point or more
- Driveway
- Railway grade crossing
- Unknown

F8. Was the traffic control device functioning at the time of the crash?
- Yes
- No

F9. School Bus Related?
- Yes
- No

F10. Work Zone Related?
- Yes
- No

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:

- Indicate North by Arrow

- Direction
  - 1 = Vehicle 1 (Your Vehicle)
  - 2 = Vehicle 2
  - 3 = Pedestrian/Non-motorist
  - 4 = 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
### 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>I1. 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