

Commonwealth of Massachusetts Motor Vehicle Crash Report

A reportable motor vehicle crash must meet at least one of the following criteria:

- Occurred on a Public Way
- Property Damage of \$1,000 or greater to any Vehicle/Property
- Non-Fatal Personal Injury
- Resulted in a Fatality

Filling out the Form

The following elements must be completed before submitting the form to the RMV:

- Date and Time of the crash
- City/Town where the crash occurred
- Location information of the crash
- License #'s of the operators involved
- Registration #'s of the vehicles involved
- Signature of the Officer

Truck and Bus Information:

Please answer the following questions to determine whether or not this section needs to be completed:

- 1) Did this crash involve:
 - A Truck with a gross vehicle weight more than 10,000 lbs or a Hazmat placard?
 - A Bus with seats for more than 8 people including the driver?

If No, then do not fill out this section.

- 2) If Yes, then did this crash result in:
 - Person(s) fatally injured?
 - Injured person taken away for medical attention?
 - Any vehicle towed from the scene due to damage?

If No, then do not fill out this section.

If Yes to either 1 or 2, then please complete this section.

1- Light Conditions

1	Daylight
2	Dawn
3	Dusk
4	Dark - lighted roadway
5	Dark - roadway not lighted
6	Dark - unknown roadway lighting
97	Other
99	Unknown

2,3- Weather Conditions

1	Clear
2	Cloudy
3	Rain
4	Snow
5	Sleet, Hail, Freezing rain
6	Fog, Smog, Smoke
7	Severe Crosswinds
8	Blowing Sand, Snow
97	Other
99	Unknown

4- Traffic Control Device Type

1	No controls (Skip question 5)
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
99	Unknown

5- Traffic Device Functioning Code

1	Yes
2	No

6- Road Surface

1	Dry
2	Wet
3	Snow
4	Ice
5	Sand, mud, dirt, oil, gravel
6	Water (standing, moving)
7	Slush
97	Other
99	Unknown

7- 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
99	Unknown

8- Trafficway Description

1	Two-way, not divided
2	Two-way, divided, unprotected median
3	Two-way, divided, positive median barrier
4	One-way, not divided
99	Unknown

9- School Bus Related

1	Yes
2	No

10- Work Zone Related

1	Yes
2	No

11- 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
99	Unknown

12- First Harmful Event Location

1	Roadway
2	Median
3	Roadside
4	Shoulder - Paved
5	Shoulder - Unpaved
6	Shoulder - Travel Lane
7	Outside roadway
99	Unknown

13- First Harmful Event Collision with

1	Motor vehicle in traffic
2	Parked motor vehicle
3	Pedestrian
4	Cyclist
5	Animal - Deer
6	Animal - Other
7	Moped
8	Workzone maintenance equipment
9	Railway (train, engine)
10	Other 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
28	Bridge
29	Bridge overhead structure
30	Unknown Fixed object
Non-Collision	
40	Overturn/rollover
41	Jackknife
42	Other non-collision
43	Unknown non-collision

97	Other
99	Unknown

14 - Non Motorist Type 1 Pedestrian 2 Cyclist 3 Skater 4 Train/Trolley Passenger 97 Other 99 Unknown	15 - Non Motorist Action 1 Entering or crossing location 2 Walking, Running or cycling 3 Working 4 Pushing vehicle 5 Approaching or leaving vehicle 6 Working on vehicle 7 Standing 97 Other 99 Unknown	16 - Non Motorist Location 1 Marked crosswalk at intersection 2 At intersection but no crosswalk 3 Non-intersection crosswalk 4 In roadway 5 Not in roadway 6 Median (but not on shoulder) 7 Island 8 Shoulder 9 Sidewalk 10 Shared-use paths or trails 99 Unknown	17 - Non Motorist Condition Code 1 Apparently Normal 2 Physical Impairment 3 Emotional (ex: Depression, angry) 4 Illness 5 Fell asleep, fainted, fatigue, etc. 6 Under the influence of alcohol/drugs/med. 97 Other 99 Unknown	18 - License Class A Class A B Class B C Class C D Class D M Class M 99 Unknown	
19 - License Restriction Code 1 None 2 [B] Corrective Lenses 3 [C] Mechanical Devices 4 [D] Prosthetic Aid 5 [E] Automatic Transmission 6 [F] Outside Mirror 7 [G] Daylight Only 8 Employment Use Only 9 [I] Limited Use 10 Other 11 [K] CDL Intrastate Only 12 [L] Vehicles w/out air brakes 13 [M] Except Class A bus 14 [N] Except Class A & B bus 15 [O] Except Tractor-Trailer 16 Farm Waiver 99 Unknown	20 - Vehicle configuration code 1 Passenger car 2 Light truck (Van, mini-van, pick-up, sport utility) 3 Motorcycle 4 Bus (15 or more passengers) 5 Bus (7-15 passengers) 6 Single unit truck (2 axles, 6 tires) 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 97 Other 99 Unknown	21 - Vehicle Action Prior to 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	22, 23 - Sequence of Events and Most Harmful Codes Collision with: 1 Motor vehicle in traffic 2 Parked motor vehicle 3 Pedestrian 4 Cyclist 5 Animal - Deer 6 Animal - Other 7 Moped 8 Workzone 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 28 Highway Traffic Sign Post 29 Overhead Sign Support 30 Fence 31 Mailbox 32 Impact Attenuator/Crash Cushion 33 Bridge 34 Bridge overhead structure 35 Other Fixed Object (Wall, building, tunnel) 36 Unknown Fixed object Non-Collision 40 Ran off road right (Sequence event only) 41 Ran off road left (Sequence event only) 42 Cross median/centerline (Sequence event only) 43 Overturn/rollover 44 Equipment failure (blown tire, brake failure, etc.) (Sequence event only) 45 Fire/explosion 46 Immersion 47 Jackknife 48 Cargo/equipment loss or shift 49 Separation of units (Sequence event only) 50 Downhill runaway (Sequence event only) 51 Other non-collision 52 Unknown non-Collision 97 Other 99 Unknown		
24 - Driver Contributing Code 1 No Improper Driving 2 Exceeded authorized speed limit 3 Disregarded traffic signs, signals, road markings 4 Failed to yield right of way 5 Followed too closely 6 Made an improper turn 7 Driving too fast for conditions 8 Wrong side or wrong way 9 Failure to keep in proper lane or running off road 10 Operating vehicle in erratic, reckless, careless, negligent or aggressive manner 11 Swerving or avoiding due to wind, slippery surface, vehicle, object, non-motorist in roadway, etc. . . 12 Over-correcting/over-steering 13 Glare 14 Physical Impairment 15 Emotional 16 Illness 17 History Heart/Epilepsy/Fainting 18 Visibility Obstructed 19 Inattention 20 Distracted 21 Fatigued/asleep 22 Operating defective equipment 23 Cellular telephone 24 Fax machine 25 Computer 26 On-board navigation system 27 Two-way radio 97 Other improper action 99 Unknown	25 - Underride/Override Code 1 None 2 Underride 3 Override 99 Unknown	26 - Seating Position 1 Front seat - left seat (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	31 - Trapped Code 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		
28 - Air Bag Status Code 1 Deployed - Front 2 Deployed - Side 3 Deployed - Both Front/Side 4 Not Deployed 5 Not Applicable 99 Unknown	29 - Air Bag Switch Code 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	30 - Ejection Code 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown	33 - Transported by Code 1 Not transported 2 EMS 3 Police 97 Other 99 Unknown	32 - Injury Status 1 Fatal Non-Fatal Injury 2 Incapacitating 3 Non-incapacitating 4 Possible 5 No Injury 99 Unknown	
35 - Carrier Issuing Authority Code 1 US DOT 2 ICC 3 State	36 - Interstate 1 Yes 2 No 99 Unknown	37 - Cargo Body Type 0 Not Applicable 1 Bus (15 or more) 2 Bus (7-15) 3 Van 4 Grain/gravel truck 5 Pole 6 Cargo tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto transporter 11 Garbage truck 97 Other 99 Unknown	38 - Gross Weight Code 1 Less than 10,000 lbs 2 10,001 - 26,000 lbs 3 More than 26,000 lbs	39 - Trailer Length 1 28 feet 2 45 feet 3 48 feet 4 53 feet 97 Other	40 - Hazardous Placard 1 Yes 2 No 99 Unknown
41 - Hazmat Material 1 Digit Code 1 Explosives 2 Gases 3 Flammable liquid 4 Flammable solids 5 Oxidizing substances 6 Poisonous substances 7 Radioactive Material 8 Corrosives 9 Misc Dangerous goods			42 - Hazmat Material Release Code 1 Yes - materials released 2 No materials released 99 Unknown		

Date of Crash	Time of Crash 24HR	City/Town	Motor Vehicle Crash Police Report	Number Vehicles	Number Injured	Speed Limit _____ Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police Other: _____
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

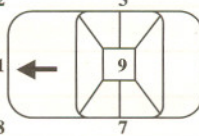
1	Route# _____ Direction _____ Name of Roadway/Street _____ At _____	9
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	10
3	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____	11

3 Please Select One of the Following: Vehicle 1 ___# Occupants Hit/Run Moped

License # _____ St _____	DOB/Age _____	Reg # _____	Reg Type _____	Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18	Lic. Restrictions <input type="checkbox"/> 19	Veh Year _____ Veh Make _____		Veh Config. <input type="checkbox"/> 20
CDL Endorsement _____		Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20		

4 Operator	Owner
Last _____ First _____ Middle _____	Last _____ First _____ Middle _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____	21 Vehicle Action Prior to Crash <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 Most Harmful Event <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 1 Underride/Override <input type="checkbox"/> 25 Towed _____
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3	0 None
4	10 Undercarriage
5	11 Toted
6	97 Other
7	99 Unknown

Please fill out for operator and all occupants involved	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	X	X	1							

7 Please Select One of the Following: Vehicle 2 ___# Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # _____ St _____	DOB/Age _____	Reg # _____	Reg Type _____	Reg State _____
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18	Lic. Restrictions <input type="checkbox"/> 19	Veh Year _____ Veh Make _____		Veh Config. <input type="checkbox"/> 20
CDL Endorsement _____		Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20		

8 Operator	Owner
Last _____ First _____ Middle _____	Last _____ First _____ Middle _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

21 Vehicle Action Prior to Crash <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 Most Harmful Event <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 1 Underride/Override <input type="checkbox"/> 25 Towed _____	3 Damaged Area Code: (Circle Up to Three) 0 None 10 Undercarriage 11 Toted 97 Other 99 Unknown
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Please fill out for operator/non-motorist and all occupants involved	DOB/Age	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	X	X	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

Crash Diagram:

ie: → 1 → 2 → ○

If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

Police Officer Name (Please Print) _____ Signature _____ ID/Badge # _____ Department _____ Precinct/Barracks _____ Date _____

Commonwealth of Massachusetts

Date of Crash	Time of Crash 24HR	City/Town	Motor Vehicle Crash Exchange Form	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other:
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AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____

Please Select One of the Following: Vehicle 1 ___# Occupants Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 20
Endorsement _____	
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	

According to Massachusetts General Law, Chapter 90, Section 26: If the damage to any one vehicle or property is over \$1,000 or if there is an injury to any person, you are required to complete a crash report within 5 days of the date of the crash.

Please obtain a copy of the operator crash report from your local police department, Registry branch office or from the RMV Website WWW.MASS.GOV/RMV and submit the original to:

Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119
Attn: Crash Records

Also, be sure to forward a copy to your insurance agency, the local police department where the crash occurred, and retain a copy for yourself.

If you would like to obtain a copy of the police report or another operator report, please send a letter to the address above with a check for \$10 for each requested report made payable to: RMV. Please specify which report you are requesting and list the date and time of the crash and city/town where it occurred along with your name, address and the registration number of at least one vehicle involved.

Please Select One of the Following: Vehicle 2 ___# Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 20
Endorsement _____	
Operator _____ Last First Middle	Owner _____ Last First Middle
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	

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