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
### Section A: Crash Location

| 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 |

### Section B: Vehicle You Were Driving

| Number of occupants in vehicle (including yourself): | Was vehicle damage above $1000? | Yes | No |
| Driver’s License Number | License State | Date of Birth | Age | Sex | License Class | Commercial Driver’s License Endorsements | Reg. Type | Reg. State | Vehicle Year | Vehicle Make |
| Your Full Name (Last, First, Middle) | Street Address | City/Town | State | Zip |

#### Indicate your type of vehicle

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)
7. Single-unit truck (3 or more axles)

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

| Street Address | City/Town | State | Zip |

| Vehicle Travel Direction | What Was Your Vehicle Doing Prior to the Crash? |
| __N__S__E__W | 1 Travelling straight ahead | 4 Turning left | 7 Leaving traffic lane | 10 Backing | 97 Other |
| 2 Slowing or stopped | 5 Changing lanes | 8 Making U-turn | 11 Parked | 99 Unknown |
| 3 Turning right | 6 Entering traffic lane | 9 Overtaking/passing |

### 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.

#### What happened first?  

#### What happened 2\(^{nd}\) (if applicable)?

#### What happened 3\(^{rd}\) (if applicable)?

#### What happened 4\(^{th}\) (if applicable)?

### 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
12. Curb
13. Tree
14. Utility pole
15. Light pole or other post/support
16. Guardrail
17. Median barrier
18. Ditch
19. Embankment/Sloping shoulder
20. Highway traffic signpost
21. Overhead sign support
22. Fence
23. Mailbox
24. Crash cushion/Impact attenuator
25. Bridge
26. Bridge overhead structure
27. Other fixed object (wall, building, tunnel)
28. Unknown fixed object
29. Ran off road right
30. Ran off road left
31. Cross median/centerline
32. Overturn/rollover
33. Equipment failure (blown tire, brakes, etc)
34. Fire/explosion
35. Immersion
36. Jackknife
37. Cargo/equipment loss or shift
38. Separation of units
39. Downhill runaway
40. Other non-collision
41. Unknown non-collision
42. Other
43. Unknown

### Was your Vehicle Towed From the Scene Due to Damage?  _Yes _No

<table>
<thead>
<tr>
<th>Vehicle Damaged Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle up to three)</td>
</tr>
</tbody>
</table>
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>Name of Passenger 1 (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Passenger 2 (Last, First, Middle)</td>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Name of Passenger 3 (Last, First, Middle)</td>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

A. 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)
- 8 Third row - middle
- 9 Third row - right side

B. 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
- 99 Unknown

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

<table>
<thead>
<tr>
<th>Vehicle Damage above $1000?</th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Moped? <strong>Yes</strong> <strong>No</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hit and Run? <strong>Yes</strong> <strong>No</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>License Class</th>
<th>Commercial Driver’s License Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>B</strong></td>
<td><strong>C</strong></td>
<td><strong>D</strong></td>
<td><strong>E</strong></td>
<td><strong>F</strong></td>
<td><strong>G</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>What was the non-motorist doing prior to the crash?</th>
<th><strong>Pedestrian</strong></th>
<th><strong>Cyclist</strong></th>
<th><strong>Skater</strong></th>
<th><strong>Unknown</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/Age</td>
<td>Sex</td>
<td>Full Name of Non-Motorist (Last, First, Middle)</td>
<td>Address</td>
<td>City/Town</td>
</tr>
</tbody>
</table>

Safety Equipment?
- 0 None used
- 6 Helmet
- 7 Protective pads (elbows, knees, etc.)
- 8 Reflective clothing
- 9 Lighting
- 10 Other
- 99 Unknown

Injured?
- 0 Fatal injury
- 1 Fatal injury
- 2 Incapacitating
- 3 Non-incapacitating
- 4 Possible
- 5 No injury
- 99 Unknown

Transported for Medical Care?
- 1 Not transported
- 2 EMS (emergency service)
- 3 Police
- 97 Other
- 99 Unknown

If transported, please indicate Hospital/Medical Facility:
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
97 Other
99 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
99 Unknown

Was the traffic control device functioning at the time of the crash?
1 Yes
2 No

Road Surface
1 Dry
2 Wet
3 Snow
4 Ice
5 Sand, mud, dirt, gravel
6 Water (standing, moving)
7 Slush
97 Other
99 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
99 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
99 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
99 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
- O Pedestrian/Non-motorist
- N 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

Witness Name (Last, First, Middle) Address Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle) Address Phone Property and Damage Description

Section J: Description of What Happened


Section K: Signature

_______________________________________________ Print ___________________________ Date ___________________________

“Signed under Pains and Penalties of Perjury”