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.

SECTION A: Crash Location

<table>
<thead>
<tr>
<th>City/Town Where Crash Occurred</th>
<th>Date of Crash</th>
<th>Time of Crash</th>
<th># Vehicles Involved:</th>
</tr>
</thead>
</table>

Please complete Section A1 or A2 below to indicate the location of the crash. If you need additional space to describe the crash location, please use Section J on the last page of this form.

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:

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

Step 2: What was the name (or names) of the intersecting streets?

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

SECTION A2: Complete this Section if the crash did NOT occur at an intersection:

Step 1: Please indicate the route, roadway and address where the crash occurred:

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

Step 2: Please provide as much of the following specific location information as possible:

The crash occurred (estimate number of feet) _______________ feet (indicate direction as N/S/E/W) _______________ of:

- Mile Marker number: ____  ____  ____  ____
- Exit Number: ______
- Intersecting Street/Roadway: ___________________
- Landmark: ___________________________________
- OR: ______

Please complete Section A1 or A2 below to indicate the location of the crash. If you need additional space to describe the crash location, please use Section J on the last page of this form.

Section B: Vehicle You Were Driving

<table>
<thead>
<tr>
<th>Number of occupants in vehicle (including yourself):</th>
<th>Was vehicle damage above $1000?</th>
<th>__Yes  __No</th>
</tr>
</thead>
</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><strong>M</strong> F__</th>
<th>License Class</th>
<th><strong>D</strong> A__ B__ C__</th>
<th>M__ Unknown__</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your Full Name (Last, First, Middle)</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Vehicle Registration #</th>
<th>Reg. Type</th>
<th>Reg. State</th>
<th>Vehicle Year</th>
<th>Vehicle Make</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicate your type of vehicle</th>
</tr>
</thead>
</table>

| 1 Passenger car | 4 Bus (15 or more passengers) | 8 Truck/trailer | 12 Tractor/triples | 97 Other |
| 2 Light truck (van, mini-van, pick-up, sport utility) | 5 Bus (7-15 passengers) | 9 Truck tractor (bobtail) | 13 Unknown heavy truck | 99 Unknown |
| 3 Motorcycle | 6 Single-unit truck (2 axles) | 10 Tractor/semi-trailer | 14 Motor home/recreational vehicle |
| 7 Single-unit truck (3 or more axles) | 11 Tractor/doubles |

<table>
<thead>
<tr>
<th>Full Name of Vehicle Owner (Last, First, Middle)</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vehicle Travel Direction</th>
<th>What Was Your Vehicle Doing Prior to the Crash?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>N__S__E__W</th>
<th>1 Travelling straight ahead</th>
<th>4 Turning left</th>
<th>7 Leaving traffic lane</th>
<th>10 Backing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Slowing or stopped</td>
<td>5 Changing lanes</td>
<td>8 Making U-turn</td>
<td>11 Parked</td>
<td></td>
</tr>
<tr>
<td>3 Turning right</td>
<td>6 Entering traffic lane</td>
<td>9 Overtaking/passing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Collision with</th>
<th>What happened first?</th>
<th>What happened 2nd (if applicable)?</th>
<th>What happened 3rd (if applicable)?</th>
<th>What happened 4th (if applicable)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Motor vehicle in traffic</td>
<td>23 Light pole or other post/support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Parked motor vehicle</td>
<td>24 Guardrail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Pedestrian</td>
<td>25 Median barrier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cyclist</td>
<td>26 Ditch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Animal-deer</td>
<td>27 Embankment/Sloping shoulder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Animal-other</td>
<td>28 Highway traffic signpost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Moped</td>
<td>29 Overhead sign support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Work zone maintenance equipment</td>
<td>30 Fence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Railway vehicle (train, engine)</td>
<td>31 Mailbox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other movable object</td>
<td>32 Crash cushion/Impact attenuator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Unknown movable object</td>
<td>33 Bridge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Curb</td>
<td>34 Bridge overhead structure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Tree</td>
<td>35 Other fixed object (wall, building, tunnel)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Utility pole</td>
<td>36 Unknown fixed object</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Collision</th>
<th>40 Ran off road right</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 Ran off road left</td>
<td></td>
</tr>
<tr>
<td>42 Cross median/centerline</td>
<td></td>
</tr>
<tr>
<td>43 Overturn/rollover</td>
<td></td>
</tr>
<tr>
<td>44 Equipment failure (blown tire, brakes, etc)</td>
<td></td>
</tr>
<tr>
<td>45 Fire/explosion</td>
<td></td>
</tr>
<tr>
<td>46 Immersion</td>
<td></td>
</tr>
<tr>
<td>47 Jackknife</td>
<td></td>
</tr>
<tr>
<td>48 Cargo/equipment loss or shift</td>
<td></td>
</tr>
<tr>
<td>49 Separation of units</td>
<td></td>
</tr>
<tr>
<td>50 Downhill runaway</td>
<td></td>
</tr>
<tr>
<td>51 Other non-collision</td>
<td></td>
</tr>
<tr>
<td>52 Unknown non-collision</td>
<td></td>
</tr>
<tr>
<td>97 Other</td>
<td></td>
</tr>
<tr>
<td>99 Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Was your Vehicle Towed From the Scene Due to Damage? __Yes  __No

<table>
<thead>
<tr>
<th>Vehicle Damaged Area</th>
<th>(circle up to three)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 3 4 0 None</td>
</tr>
<tr>
<td>5</td>
<td>10 Undercarriage</td>
</tr>
<tr>
<td>11 Totaled</td>
<td></td>
</tr>
<tr>
<td>97 Other</td>
<td></td>
</tr>
<tr>
<td>99 Unknown</td>
<td></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
- 6 Working on vehicle
- 7 Standing
- 8 Working
- 99 Unknown

#### C. Air Bag Status

- 1 Deployed-front
- 2 Deployed-side
- 3 Deployed both front and side
- 4 Not deployed
- 5 Not applicable
- 6 Working on vehicle
- 7 Standing
- 8 Working
- 99 Unknown

#### D. Air Bag Switch

- 1 Switch in ON position
- 2 Switch in OFF position
- 3 ON-OFF switch not present
- 4 Unknown if switch is present
- 99 Unknown

#### E. Ejected From Vehicle?

- 0 Not ejected
- 1 Totally ejected
- 2 Partially ejected
- 3 Not applicable
- 99 Unknown

#### F. Trapped?

- 0 Not trapped
- 1 Freed by mechanical means
- 2 Freed by non-mechanical means
- 99 Unknown

#### G. Injured?

- 0 Not injured
- 1 Fatal injury
- 2 Incapacitating
- 3 Non-incapacitating
- 4 Possible
- 5 Non-incapacitating
- 6 Working on vehicle
- 7 Standing
- 8 Working
- 99 Unknown

#### H. Transported for Medical Care?

- 0 Not transported
- 1 Not transported
- 2 EMS (emergency service)
- 3 Police
- 97 Other
- 99 Unknown

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

#### Number of occupants in the Vehicle: _____

#### Number of injured occupants: _____

#### Was Vehicle Damage above $1000? __Yes ___No

#### Moped? __Yes ___No

#### Hit and Run? __Yes ___No

<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>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>Name of Vehicle Owner (Last, First, Middle)</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

#### Indicate type of vehicle

- 1 Passenger car
- 2 Light truck (van, mini-van, pick-up, sport utility)
- 3 Motorcycle
- 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

#### Commercial Driver’s License Endorsements

- 1 N
- 2 E
- 3 S
- 4 F

#### What Was the Vehicle Doing Prior to the 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 Undercarriage
- 11 Totaled
- 99 Unknown

#### Where was the non-motorist prior to the crash?

- 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 path or trails
- 99 Unknown

#### Safety Equipment?

- 0 None used
- 1 Helmet
- 2 Reflective clothing
- 3 Protective pads (elbows, knees, etc.)
- 4 Lighting
- 99 Unknown

#### Injured?

- 0 None used
- 1 Fatal injury
- 2 Incapacitating
- 3 Non-incapacitating
- 4 Possible
- 5 Non-incapacitating
- 6 Working on vehicle
- 7 Standing
- 8 Working
- 99 Unknown

#### Transported for Medical Care?

- 1 Not transported
- 2 Not transported
- 3 Not transported
- 97 Other
- 99 Unknown
- 3 Police

If transported, please indicate Hospital/Medical Facility: ____________________________
## Section F: Crash Conditions

<table>
<thead>
<tr>
<th>Light Conditions</th>
<th>Weather Conditions (up to two)</th>
<th>Traffic Control Device</th>
<th>Was the traffic control device functioning at the time of the crash?</th>
<th>Road Surf</th>
<th>Roadway intersection Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Daylight</td>
<td>1 Clear</td>
<td>1 No controls</td>
<td>1 Yes</td>
<td>1 Dry</td>
<td>1 Not at intersection</td>
</tr>
<tr>
<td>2 Dawn</td>
<td>2 Cloudy</td>
<td>2 Stop signs</td>
<td>2 No</td>
<td>2 Wet</td>
<td>2 Four-way intersection</td>
</tr>
<tr>
<td>3 Dusk</td>
<td>3 Rain</td>
<td>3 Traffic control signal</td>
<td></td>
<td>3 Snow</td>
<td>3 T-intersection</td>
</tr>
<tr>
<td>4 Dark - lighted roadway</td>
<td>4 Snow</td>
<td>4 Flashing traffic control signal</td>
<td>1 Yes</td>
<td>4 Ice</td>
<td>4 Y-intersection</td>
</tr>
<tr>
<td>5 Dark - roadway not lighted</td>
<td>5 Sleet, hail, freezing rain</td>
<td>5 Yield signs</td>
<td>2 No</td>
<td>5 Sand, mud, dirt, gravel</td>
<td>5 On ramp</td>
</tr>
<tr>
<td>6 Dark - unknown roadway lighting</td>
<td>6 Fog, smog, smoke</td>
<td>6 School zone signs</td>
<td>6 Water (standing, moving)</td>
<td>6 Water</td>
<td>6 Off ramp</td>
</tr>
<tr>
<td>97 Other</td>
<td>7 Severe crosswinds</td>
<td>7 Warning signs</td>
<td>7 Slip</td>
<td>7 Slush</td>
<td>7 Traffic circle</td>
</tr>
<tr>
<td>99 Unknown</td>
<td>8 Blowing sand, snow</td>
<td>8 Railroad crossing device</td>
<td>8 Five-point or more</td>
<td>8 Fog, smog, smoke</td>
<td>8 Five-point or more</td>
</tr>
<tr>
<td>97 Other</td>
<td>9 Unknown</td>
<td>99 Unknown</td>
<td>99 Unknown</td>
<td>99 Driveway</td>
<td>99 Railway grade crossing</td>
</tr>
</tbody>
</table>

### 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 |

### 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 |

### 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 |

### 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 Surf

| 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 | 99 Driveway | 99 Railway grade crossing |

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## 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>
</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>
</table>

---

## Section J: Description of What Happened

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## Section K: Signature

“Signed under Pains and Penalties of Perjury”

Print ______________________________________        Date ___________________________