SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
P.O. BOX 199100
BOSTON, MASS. 02119

ONE COPY TO
POLICE DEPARTMENT in whose jurisdiction the accident occurred.

MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident Investigated by an Officer? If Yes, Check One Box Below
1 ☐ Registry 2 ☐ MDC 3 ☐ Other 4 ☐ State Police 5 ☐ Local Police

Date of Accident (Mo. Day Yr.)	Date of the Week (S M T W T F S: 1 2 3 4 5 6 7)	A.M. 1 / P.M. 2	Hour	Have you completed a Mass. driver education course	Yes 1	No 2

VEHICLE 1

Name of Operator Making Report	Number of Vehicles Involved	Date of Birth (MO DAY YR)	Sex 1 M 2 F

Street Address	City/Town	State	Zip	Driver's License Number and State

Owner's Name and Address (if same, write "same")	Registration Number and State

Name of Insurance Company only may be written here	Year	Make	Type	Approximate Cost to Repair $

Describe Damage to Vehicle	Fire Damage Yes 1 / No 2	Parked Car Yes 1 / No 2

VEHICLE 2

Name of Operator	Date of Birth (MO DAY YR)	Sex 1 M 2 F

Street Address	City/Town	State	Zip	Driver's License Number and State

Owner's Name and Address (if same, write "same")	Registration Number and State

Name of Insurance Company only may be written here	Year	Make	Type	Approximate Cost to Repair $

Describe Damage to Vehicle	Fire Damage Yes 1 / No 2	Parked Car Yes 1 / No 2

OTHER

Describe Other Property Damage	Approximate Cost to Repair $

Name of Property Owner	Address

WITNESSES

Other Witnesses or Persons Present	Address	Phone
		Bus. / Res.
		Bus. / Res.

Number Injured	To what hospital was injured taken?	Taken by Ambulance? Yes 1 / No 2

INJURED 1

Name of Injured | Street | City/Town | State

Age | Sex 1 M 2 F

Ejected From Vehicle 1 Yes 2 No

INJURY SEVERITY
1 Killed
2 Serious Visible Injury
3 Minor Visible Injury
4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

	Yes	No	?
1 Safety Belt Used			
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED
1 Operator } In Vehicle
2 Passenger } In Vehicle
3 Passeger In Train, Bus, Etc.
4 Operator } On Motorcycle
5 Passenger } On Motorcycle
No _____
6 Pedestrian
7 Bicyclist
8 Moped
9 Other

INJURED 2

Name of Injured | Street | City/Town | State

Age | Sex 1 M 2 F

Ejected From Vehicle 1 Yes 2 No

INJURY SEVERITY
1 Killed
2 Serious Visible Injury
3 Minor Visible Injury
4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

	Yes	No	?
1 Safety Belt Used			
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED
1 Operator } In Vehicle
2 Passenger } In Vehicle
3 Passeger In Train, Bus, Etc.
4 Operator } On Motorcycle
5 Passenger } On Motorcycle
No _____
6 Pedestrian
7 Bicyclist
8 Moped
9 Other

INJURED 3

Name of Injured | Street | City/Town | State

Age | Sex 1 M 2 F

Ejected From Vehicle 1 Yes 2 No

INJURY SEVERITY
1 Killed
2 Serious Visible Injury
3 Minor Visible Injury
4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS

	Yes	No	?
1 Safety Belt Used			
2 Child Restraint Used			
3 Helmet Used			
4 Air Bag Used			

PERSON INJURED
1 Operator } In Vehicle
2 Passenger } In Vehicle
3 Passeger In Train, Bus, Etc.
4 Operator } On Motorcycle
5 Passenger } On Motorcycle
No _____
6 Pedestrian
7 Bicyclist
8 Moped
9 Other

BE SURE TO COMPLETE AND SIGN REPORT

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

LOCATION

City or Town Where Accident Occurred | Nearest Mile Marker | Number of Lanes | At Rotary Yes 1 ☐ No 2 ☐

Street Name or Route Number | at intersection with

If Accident Occurred on Ramp Fill in Below:

1 ☐ On ramp to route number _____ going N S E W

2 ☐ On ramp from route number _____ going N S E W

Which direction was each vehicle traveling?

Vehicle No. 1 N S E W | Vehicle No. 2 N S E W

Or ---- If not at intersection, fill in below:

_____ feet N S E W Of nearest intersection, bridge, mile marker, railroad

Other Landmarks _____

TYPE

Accident Involved Collision With:

1 ☐ Pedestrian
2 ☐ Motor Vehicle in Traffic
3 ☐ Motor Vehicle Parked
4 ☐ Railroad Train
5 ☐ Ran off roadway hit fixed object _____ feet from road
6 ☐ Bicycle
7 ☐ Overturned in road
8 ☐ Ran off roadway -- non-collision
9 ☐ Fixed object on shoulder, sidewalk or island
A ☐ School Bus
B ☐ Truck
C ☐ Moped
D ☐ Other

If Collision involved two or more vehicles mark one of the following:

1 ☐ Rear End 2 ☐ Angle 3 ☐ Head On

COLLISION CONDITIONS

What were vehicles doing prior to accident? Mark appropriate box

	Vehicle 1	Vehicle 2	
1			Making right turn
2			Making left turn
3			Making U Turn
4			Going straight ahead
5			Passing on right
6			Passing on left
7			Stop sign
8			Skidding
9			Slowing or stopping
A			Crossing median strip
B			Driverless moving vehicle
C			Backing
D			Starting in traffic
E			Starting from parked position
F			Parked
G			Stalled or disabled
H			Stalled or disabled with flasher on
J			In process of parking
K			Entering or exiting from alley or driveway
L			Making right turn on red
M			Entering median
N			Crossed median
O			Other

Where was pedestrian located at time of accident? Mark appropriate box

	x	
1		At intersection
2		Within 300 feet of intersection
3		More than 300 feet from intersection
4		Walking in street with traffic
5		Walking in street against traffic
6		Standing in street
7		Getting on/off vehicle
8		Working on vehicle
9		Working in street
A		Playing in street
B		Not in street
C		Other

TRAFFIC CONTROLS

	x	
1		Stop sign
2		Yield sign
3		Warning sign
4		Signal light
5		Officer or flagman
6		Railroad crossing gate
7		Railroad automatic signal
8		Control device not working
9		No control present
A		No turn on red

ROAD SURFACE

	x	
1		Dry
2		Wet
3		Snowy
4		Icy
5		Other

ROAD CONDITIONS

	x	
1		No Defects
2		Holes, ruts, bumps
3		Foreign matter on surface
4		Defective shoulder
5		Road under construction
6		Other

COLLISION CONDITIONS

	x	
1		Hit median barrier
2		Hit guard rail
3		Hit curbing
4		Hit abutment
5		Hit signpost
6		Hit utility or light pole
7		Hit tree
8		Embankment
9		Ditch
A		Rock ledge
B		Stone wall
C		Bridge rail
D		Other

LIGHT CONDITIONS

	x	
1		Daylight
2		Dawn or dusk
3		Darkness - road lighted
4		Darkness - road unlighted

WEATHER CONDITIONS

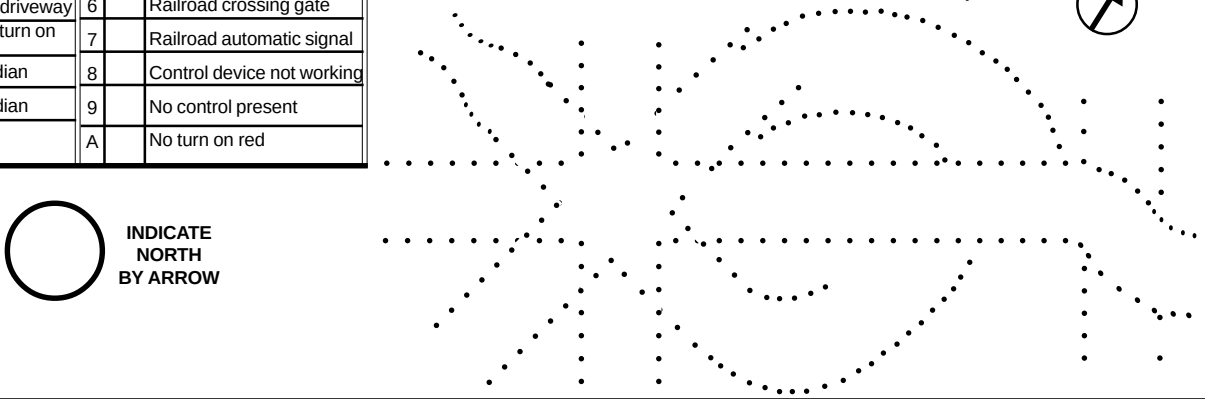
	x	
1		Clear
2		Foggy
3		Cloudy
4		Rain
5		Snow
6		Sleet

DIAGRAM

INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow:
2. Use solid line to show path before accident, dotted line after accident
3. Show pedestrian by:
4. Show railroad by:
5. Show distance and direction in landmarks; identify landmarks by name or number
6. Indicate north by arrow, as:



INDICATE NORTH BY ARROW

Describe What Happened: (Refer to Vehicles by Number)

My speed immediately prior to the accident was approximately _____ m.p.h.

Signature of operator making report _____ Date _____