

When Must a Crash Report be Filed?
M.G.L. Chapter 90A, Section 27B requires that a crash report be filed if a person is injured or (iii) in violation of the law. The crash report must be filed with the person completing the report. If the operator is not the person completing the report, the operator must be based on his/her knowledge of the crash and he/she must be required to accept responsibility for the crash even if the operator is not the driver.

Please carefully complete the following sections:

Section 1

" Person
" the
" vehicle
" County
" License
" License
" E
" le
" P
" to

Section 2

" P
" v
" U
" th

Section 3

" P
" a
" U
" ir

Section 4

Crash
" P
" o
" If
" ac

Section 5

" P
" ir
" If
" us

City/Town Where Crash Occurred: _____

Date of Crash: _____

Time of Crash: _____ AM _____ PM

Vehicles Involved: _____

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 1 on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection.

Step 1: Please indicate the route or roadway where you were traveling when the crash occurred:

Route # _____ Name of Roadway/Street _____

Route # _____ Name of Roadway/Street _____

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

Route # _____ Name of Roadway/Street _____

Route # _____ Name of Roadway/Street _____

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 _____ of _____ of _____

a) Mile Marker number _____

Vehicle Make _____

Vehicle Type _____

Passenger Tank and Hazardous Transport Other None Unknown

0 None 10 Undercarriage 11 Total 97 Other 99 Unknown



Vehicle Make _____

Vehicle Type _____

Passenger Tank and Hazardous Transport Other None Unknown

0 None 10 Undercarriage 11 Total 97 Other 99 Unknown

City/Town Where Crash Occurred: _____

Date of Crash: _____

Time of Crash: _____ AM _____ PM

Vehicles Involved: _____

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 1 on the last page of this form.

SECTION A1: Complete this Section if the crash occurred at an intersection.

Step 1: Please indicate the route or roadway where you were traveling when the crash occurred:

Route # _____ Name of Roadway/Street _____

Route # _____ Name of Roadway/Street _____

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

Route # _____ Name of Roadway/Street _____

Route # _____ Name of Roadway/Street _____

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 _____ of _____ of _____

a) Mile Marker number _____

Vehicle Make _____

Vehicle Type _____

Passenger Tank and Hazardous Transport Other None Unknown

0 None 10 Undercarriage 11 Total 97 Other 99 Unknown

Please provide the
(yourself and all p

Driver (See pr

Name of Passeng

Name of Passeng

Name of Passeng

A. Seating Posit

- 1 Front seat - left
- 2 Front seat - mid
- 3 Front seat - right
- 4 Second seat - left
- 5 Second seat - n
- 6 Second seat - r
- 7 Third row - left
- 8 Third row - mic

E. Ejected From

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

Number of occup

Driver's License

Full Name of Ve

Insurance Comp

Indicate type of

- 1 Passenger car
- 2 Light truck (va
pick-up, sport
- 3 Motorcycle

Full Name of Vel

Vehicle Travel v
Direction

__N __S
__E __W

Indicate the type

What was the ne

- 1 Entering or cro
- 2 Walking, runn
- 3 Working
- 4 Pushing vehic
- 5 Approaching o

Date of Birth/Age

Safety Equipmen

- 0 None used
- 6 Helmet
- 7 Protective pad
- 8 Reflective clot

Roadway Intersection Type	Date
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	

Was the traffic control device functioning at the time of the crash?
 1 Dry
 2 Wet
 3 Snow
 4 Ice
 5 Sand, mud, dirt, oil, gravel
 6 Water (standing, moving)
 7 Slush
 97 Other
 99 Unknown

Number of the vehicles involved in the crash
 Symbols:
 Four (Vehicle)
 Non-motorist
 Showing if on a lot
 center

Section F: Crash Co

Conditions (up to two)	Traffic Control	No controls	Stop signs	Traffic control	Yield signs	School zone	Work zone	Work Zone Related?	Related?	Yes	No	Work Zone	Related?	Yes	No	Work Zone	Related?	Yes	No	Work Zone	Related?	Yes	No
1	1	1	2	3	4	5	6	7	8	9	99	1	2	3	4	5	6	7	8	9	99	1	2

Was the traffic control device functioning at the time of the crash?	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9		
99		

Was the traffic control device functioning at the time of the crash?	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9		
99		

Was the traffic control device functioning at the time of the crash?	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9		
99		