

Accident Report Guide

Important: If possible, fill in this form at the scene of an accident. Report all accidents immediately to your independent agent or broker.

Police Report

OFFICER _____

PRECINCT _____

SUMMONS ISSUED _____

Description of Accident

DATE/TIME _____

LOCATION (STREET, CITY, STATE) _____

ESTIMATED SPEED OF VEHICLES _____

DESCRIPTION OF WHAT HAPPENED _____

WHO RECEIVED VIOLATION? _____

WEATHER CONDITIONS _____

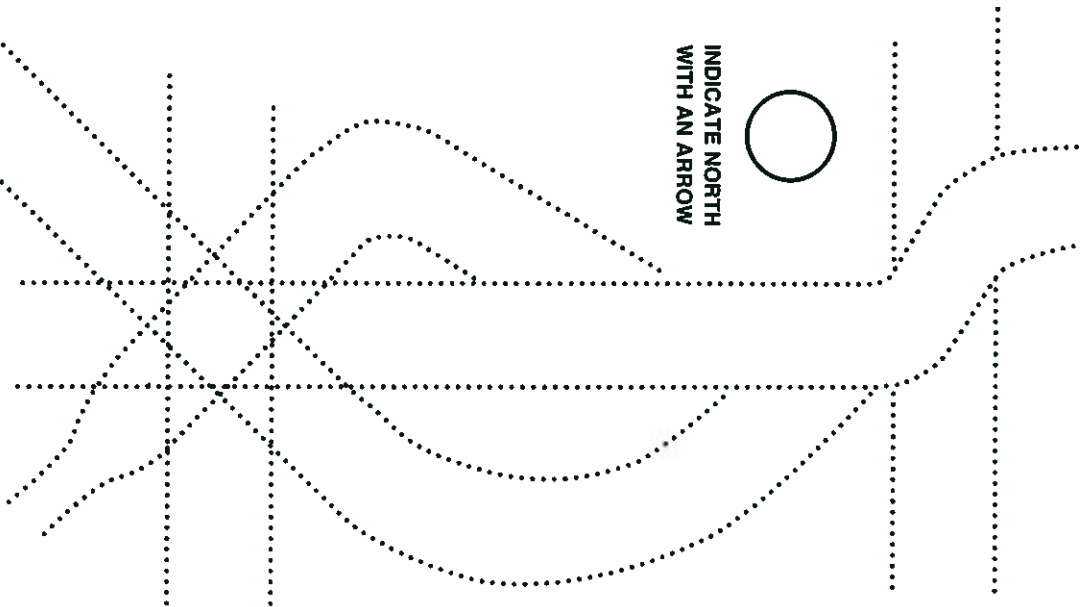
Diagram

Use this diagram to show names of highways and direction of vehicles involved, designate your vehicle and other vehicles.



YOUR VEHICLE

OTHER VEHICLE(S)



Other Vehicle

DRIVER _____

AGE _____

ADDRESS _____

TELEPHONE _____

DRIVER'S LICENSE NUMBER _____

STATE _____

VEHICLE YEAR _____

MAKE _____

MODEL _____

OWNER OF VEHICLE _____

ADDRESS _____

TELEPHONE _____

INSURANCE COMPANY _____

POLICY NUMBER _____

NATURE AND EXTENT OF DAMAGE _____

NUMBER OF PASSENGERS _____

STATEMENTS MADE BY OTHER DRIVER _____

If you're involved in an accident...

Being involved in an accident can be a nerve-wracking, disorienting experience. That's why this Accident Report Guide was created. It is intended to help you gather the information needed in the event of an accident. While we hope you never need this information, it's here if you do. Keep this booklet, along with your insurance ID card, in the glove compartment of the insured vehicle. Follow the instructions in this booklet and complete the Accident Report Guide after an accident.

In the event of an accident, please remember to:

- NEVER** "Make a Deal" for damages.
- NEVER** leave the scene of even a MINOR accident.
- NEVER** accept an offer of cash, check or "private" settlement.
- NEVER** disavow injury to you or your passengers.
- NEVER** offer to pay ANYTHING even if you think you are at fault.
- NEVER** administer first aid unless you are LICENSED to do so.

ALWAYS (when conditions permit) move to shoulder or other "SAFE AREA" to prevent further damage.

ALWAYS ask someone to summon police and seek medical assistance. Repeat at 5-minute intervals.

ALWAYS remember the 3C's: Remain CALM, COURTEOUS, CONSISTENT in your version of the accident.

ALWAYS obtain complete information from those involved. See next panel.

ALWAYS complete this report on the scene - not later on.

ALWAYS obtain the names of witnesses including addresses and phone numbers.

ALWAYS notify the owner of the car you are driving as soon as possible.

Injured

NAME _____ AGE _____
 ADDRESS _____
 TELEPHONE _____

DRIVER RIDER - YOUR CAR POSITION IN CAR _____
 PEDESTRIAN RIDER - OTHER CAR POSITION IN CAR _____

NATURE AND EXTENT OF INJURY _____

AMBULANCE CALLED? YES NO

NAME _____ AGE _____
 ADDRESS _____

TELEPHONE _____
 DRIVER RIDER - YOUR CAR POSITION IN CAR _____
 PEDESTRIAN RIDER - OTHER CAR POSITION IN CAR _____

NATURE AND EXTENT OF INJURY _____

AMBULANCE CALLED? YES NO

Your Vehicle

VEHICLE YEAR _____ MAKE _____ MODEL _____
 DRIVEN BY _____
 NATURE AND EXTENT OF DAMAGE _____

Witnesses

NAME _____ ADDRESS _____

TELEPHONE _____

NAME _____ ADDRESS _____

TELEPHONE _____

NAME _____ ADDRESS _____

TELEPHONE _____



Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

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 your local police department 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

City/Town Where Crash Occurred	Date of Crash	Time of Crash _____ : _____ AM / PM	# Vehicles Involved
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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.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? <u>Yes</u> <u>No</u>																							
Drivers License Number	License State	Date of Birth	Age	Sex _M_ _F_	License Class _D_ _A_ _B_ _C_ _M_ _Unknown	Commercial Driver's License Endorsements H_ Hazardous N_ Tank vehicles P_ Passenger transport T_ Doubles/Triples X_ Tank and Hazardous																					
Your Full Name (Last, First, Middle)			Street Address			City/Town	State Zip																				
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make																					
<p>Indicate your type of vehicle</p> <table style="width: 100%; border: none;"> <tr> <td>1 Passenger car</td> <td>4 Bus (15 or more passengers)</td> <td>8 Truck/trailer</td> <td>12 Tractor/triples</td> <td>97 Other</td> </tr> <tr> <td>2 Light truck (van, mini-van, pick-up, sport utility)</td> <td>5 Bus (7-15 passengers)</td> <td>9 Truck tractor (bobtail)</td> <td>13 Unknown heavy truck</td> <td>99 Unknown</td> </tr> <tr> <td>3 Motorcycle</td> <td>6 Single-unit truck (2 axles)</td> <td>10 Tractor/semi-trailer</td> <td>14 Motor home/recreational vehicle</td> <td></td> </tr> <tr> <td></td> <td>7 Single-unit truck (3 or more axles)</td> <td>11 Tractor/doubles</td> <td></td> <td></td> </tr> </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		
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Full Name of Vehicle Owner (Last, First, Middle)			Street Address			City/Town	State Zip																				
Vehicle Travel Direction _N_ _S_ _E_ _W_	<p>What Was Your Vehicle Doing Prior to the Crash?</p> <table style="width: 100%; border: none;"> <tr> <td>1 Travelling straight ahead</td> <td>4 Turning left</td> <td>7 Leaving traffic lane</td> <td>10 Backing</td> <td>97 Other</td> </tr> <tr> <td>2 Slowing or stopped</td> <td>5 Changing lanes</td> <td>8 Making U-turn</td> <td>11 Parked</td> <td>99 Unknown</td> </tr> <tr> <td>3 Turning right</td> <td>6 Entering traffic lane</td> <td>9 Overtaking/passing</td> <td></td> <td></td> </tr> </table>							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							
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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)?
□	□	□	□

<p>Collision with</p> <table style="width: 100%; border: none;"> <tr><td>1 Motor vehicle in traffic</td><td>23 Light pole or other post/support</td></tr> <tr><td>2 Parked motor vehicle</td><td>24 Guardrail</td></tr> <tr><td>3 Pedestrian</td><td>25 Median barrier</td></tr> <tr><td>4 Cyclist</td><td>26 Ditch</td></tr> <tr><td>5 Animal- deer</td><td>27 Embankment/Sloping shoulder</td></tr> <tr><td>6 Animal- other</td><td>28 Highway traffic signpost</td></tr> <tr><td>7 Moped</td><td>29 Overhead sign support</td></tr> <tr><td>8 Work zone maintenance equipment</td><td>30 Fence</td></tr> <tr><td>9 Railway vehicle (train, engine)</td><td>31 Mailbox</td></tr> <tr><td>10 Other movable object</td><td>32 Crash cushion/Impact attenuator</td></tr> <tr><td>11 Unknown movable object</td><td>33 Bridge</td></tr> <tr><td>20 Curb</td><td>34 Bridge overhead structure</td></tr> <tr><td>21 Tree</td><td>35 Other fixed object (wall, building, tunnel)</td></tr> <tr><td>22 Utility pole</td><td>36 Unknown fixed object</td></tr> </table>	1 Motor vehicle in traffic	23 Light pole or other post/support	2 Parked motor vehicle	24 Guardrail	3 Pedestrian	25 Median barrier	4 Cyclist	26 Ditch	5 Animal- deer	27 Embankment/Sloping shoulder	6 Animal- other	28 Highway traffic signpost	7 Moped	29 Overhead sign support	8 Work zone maintenance equipment	30 Fence	9 Railway vehicle (train, engine)	31 Mailbox	10 Other movable object	32 Crash cushion/Impact attenuator	11 Unknown movable object	33 Bridge	20 Curb	34 Bridge overhead structure	21 Tree	35 Other fixed object (wall, building, tunnel)	22 Utility pole	36 Unknown fixed object	<p>Non-Collision</p> <table style="width: 100%; border: none;"> <tr><td>40 Ran off road right</td></tr> <tr><td>41 Ran off road left</td></tr> <tr><td>42 Cross median/centerline</td></tr> <tr><td>43 Overturn/rollover</td></tr> <tr><td>44 Equipment failure (blown tire, brakes, etc)</td></tr> <tr><td>45 Fire/explosion</td></tr> <tr><td>46 Immersion</td></tr> <tr><td>47 Jackknife</td></tr> <tr><td>48 Cargo/equipment loss or shift</td></tr> <tr><td>49 Separation of units</td></tr> <tr><td>50 Downhill runaway</td></tr> <tr><td>51 Other non-collision</td></tr> <tr><td>52 Unknown non-collision</td></tr> <tr><td>97 Other</td></tr> <tr><td>99 Unknown</td></tr> </table>	40 Ran off road right	41 Ran off road left	42 Cross median/centerline	43 Overturn/rollover	44 Equipment failure (blown tire, brakes, etc)	45 Fire/explosion	46 Immersion	47 Jackknife	48 Cargo/equipment loss or shift	49 Separation of units	50 Downhill runaway	51 Other non-collision	52 Unknown non-collision	97 Other	99 Unknown
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Was your Vehicle Towed From the Scene Due to Damage? <u>Yes</u> <u>No</u>	<p>Vehicle Damaged Area</p> <p>(circle up to three)</p>						
		<table style="border: none;"> <tr><td>0 None</td></tr> <tr><td>10 Undercarriage</td></tr> <tr><td>11 Totaled</td></tr> <tr><td>97 Other</td></tr> <tr><td>99 Unknown</td></tr> </table>	0 None	10 Undercarriage	11 Totaled	97 Other	99 Unknown
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10 Undercarriage							
11 Totaled							
97 Other							
99 Unknown							

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.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)												
Name of Passenger 1 (Last, First, Middle)	Address											
	City/Town State Zip											
Name of Passenger 2 (Last, First, Middle)	Address											
	City/Town State Zip											
Name of Passenger 3 (Last, First, Middle)	Address											
	City/Town State Zip											

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 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	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	C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 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
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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? 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 3 Non-incapacitating 4 Possible 5 No injury 99 Unknown	H. Transported for Medical Care? 1 Not transported 2 EMS (emergency service) 3 Police 97 Other 99 Unknown
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Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____	Number of injured occupants: _____	Was Vehicle Damage above \$1000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Moped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hit and Run? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Drivers License # _____	License State _____	Date of Birth _____	Age _____	Sex _____	License Class _____	Commercial Driver's License Endorsements			
Full Name of Vehicle Driver (Last, First, Middle)		Street Address		City/Town		State		Zip	
Insurance Company		Vehicle Registration # _____		Reg. Type _____	Reg. State _____	Vehicle Year _____	Vehicle Make _____		

Indicate type of vehicle

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	
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Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction ___ N ___ S ___ E ___ W	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 Backing 11 Parked 97 Other 99 Unknown	Vehicle Damaged Area (circle up to three) 2 3 4 1 5 8 7 6 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved	1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown
What was the non-motorist doing prior to the crash? 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	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				

Date of Birth/Age	Sex _____	Full Name of Non-Motorist (Last, First, Middle)	Street Address	City/Town	State	Zip
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Safety Equipment? 0 None used 6 Helmet 7 Protective pads (elbows, knees, etc.) 8 Reflective clothing 9 Lighting 10 Other 99 Unknown	Injured? 1 Fatal injury <u>Non-fatal injury:</u> 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: _____
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