

REGISTRY USE ONLY

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

ONE COPY TO
POLICE DEPARTMENT in whose juris-
diction the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

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

Date of Accident: Mo. Day Yr. Day of the Week: S M T W T F S A.M. P.M. Hour: 1 2
Have you completed a Mass. driver education course YES NO 1 2

VEHICLE 1
Name of Operator Making Report, Number of Vehicles Involved, Date of Birth, Sex, Street Address, City/Town, State, Zip, Driver's License Number and State, Owners Name and Address, Registration Number and State, Name of Insurance Company, Year, Make, Type, Approximate Cost to Repair, Describe Damage to Vehicle, YES Fire Damage NO, YES Parked Car NO

VEHICLE 2
Name of Operator, Date of Birth, Sex, Street Address, City/Town, State, Zip, Driver's License Number and State, Owners Name and Address, Registration Number and State, Name of Insurance Company, Year, Make, Type, Approximate Cost to Repair, Describe Damage to Vehicle, YES Fire Damage NO, YES Parked Car NO

OTHER
Describe Other Property Damage, Approximate Cost to Repair, Name of Property Owner, Address

WITNESSES
Other Witnesses or Persons Present, Address, Phone, Bus, Res.

Number Injured, To what hospital was injured taken?, Taken by Ambulance? YES NO 1 2

INJURED 1
Name of Injured, Street, City/Town, State, Age, Sex, INJURY SEVERITY, RESTRAINT SYSTEMS, PERSON INJURED

INJURED 2
Name of Injured, Street, City/Town, State, Age, Sex, INJURY SEVERITY, RESTRAINT SYSTEMS, PERSON INJURED

INJURED 3
Name of Injured, Street, City/Town, State, Age, Sex, INJURY SEVERITY, RESTRAINT SYSTEMS, PERSON INJURED

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.

L O C A T I O N	City or Town Where Accident Occurred _____		Nearest Mile Marker _____	Number of Lanes _____	At Rotary YES <input type="checkbox"/> NO <input type="checkbox"/>	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ going N S E W 2 <input type="checkbox"/> On ramp from route number _____ going N S E W
	Street Name or Route Number _____		at intersection with _____			
	Which direction was each vehicle traveling? Vehicle No. 1 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W No. 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Or — If not at intersection, fill in below: _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of nearest intersection, bridge, mile marker, railroad.			
Other Landmarks: _____						

T Y P E	Accident Involved Collision With:			7 <input type="checkbox"/> Overturned in road	If collision involved two or more vehicles mark one of the following: 1 <input type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On
	1 <input type="checkbox"/> Pedestrian	4 <input type="checkbox"/> Railroad Train	5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road	8 <input type="checkbox"/> Ran off roadway — non-collision	
2 <input type="checkbox"/> Motor Vehicle in Traffic	6 <input type="checkbox"/> Bicycle	9 <input type="checkbox"/> Fixed object on shoulder, sidewalk or island	A <input type="checkbox"/> School Bus	C <input type="checkbox"/> Moped	D <input type="checkbox"/> Other
3 <input type="checkbox"/> Motor Vehicle Parked					

C O L L I S I O N C O N D I T I O N S	What were vehicles doing prior to accident? Mark appropriate box.		Where was pedestrian located at time of accident? Mark appropriate box.		ROAD SURFACE		COLLISION CONDITIONS		LIGHT CONDITIONS	
	Vehicle 1 2		X		X		X		X	
	1	Making right turn	1	At intersection	1	Dry	1	Hit median barrier	1	Daylight
	2	Making left turn	2	Within 300 feet of intersection	2	Wet	2	Hit guard rail	2	Dawn or dusk
3	Making U turn	3	More than 300 feet from intersection	3	Snowy	3	Hit curbing	3	Darkness — road lighted	
4	Going straight ahead	4	Walking in street with traffic	4	Icy	4	Hit abutment	4	Darkness — road unlighted	
5	Passing on right	5	Walking in street against traffic	5	Other	5	Hit signpost	WEATHER CONDITIONS X 1 Clear 2 Foggy 3 Cloudy 4 Rain 5 Snow 6 Sleet		
6	Passing on left	6	Standing in street	ROAD CONDITIONS X 1 No Defects 2 Holes, ruts, bumps 3 Foreign matter on surface 4 Defective shoulder 5 Road under construction 6 Other		6	Hit utility or light pole			
7	Stop sign	7	Getting on/off vehicle			7	Hit tree			
8	Skidding	8	Working on vehicle			8	Embankment			
9	Slowing or stopping	9	Working in street			9	Ditch			
A	Crossing median strip	A	Playing in street			A	Rock ledge			
B	Driverless moving vehicle	B	Not in street			B	Stone wall			
C	Backing	C	Other	C	Bridge rail					
D	Starting in traffic	TRAFFIC CONTROLS X		D	Other					
E	Starting from parked position	1	Stop sign							
F	Parked	2	Yield sign							
G	Stalled or disabled	3	Warning sign							
H	Stalled or disabled with flasher on	4	Signal light							
J	In process of parking	5	Officer or flagman							
K	Entering or exiting from alley or driveway	6	Railroad crossing gate							
L	Making right turn on red	7	Railroad automatic signal							
M	Entering median	8	Control device not working							
N	Crossed median	9	No control present							
O	Other	A	No turn on red							

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.

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

D I A G R A M	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 _____