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.

Section B: Vehicle You Were Driving
- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the conditions at the time 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.

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

<table>
<thead>
<tr>
<th>Crash Occurred</th>
<th>Time of Crash</th>
<th>Year of Crash</th>
<th>AM or PM</th>
<th>Vehicles Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

#### OR

#### SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:

<table>
<thead>
<tr>
<th>Step 1: Please indicate the routes or roadway where you were travelling when the crash occurred:</th>
<th>Step 2: What was the name (or names) of the intersecting street(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Roadway/Street</td>
<td>Name of Roadway/Street</td>
</tr>
</tbody>
</table>

| Step 3: Please provide as much of the following specific location information as possible: |
| The crash occurred on Route # | Name of Roadway/Street |
| ____________________________ | ______________________ |

<table>
<thead>
<tr>
<th>(indicate direction as N/S/E/W) of Route# of</th>
<th>(Roadway/Interchange)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Marker Number</td>
<td>b) Exit Number</td>
</tr>
<tr>
<td>c) Intersection Street/Route#</td>
<td>d) Landmark</td>
</tr>
<tr>
<td>__________________</td>
<td>___________________</td>
</tr>
</tbody>
</table>

#### SECTION A2: Crash Location

<table>
<thead>
<tr>
<th>Number of occupants in vehicle (indicating yourself):</th>
<th>Vehicle Damage above $5000?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Vehicle Owner (Last, First, Middle)</td>
<td>Driver's License Number</td>
<td>Number of occupants in the Vehicle:</td>
<td>_____</td>
</tr>
<tr>
<td>Insurance Company</td>
<td>Driver's License Class</td>
<td>Sex</td>
<td>License Class</td>
</tr>
<tr>
<td>Commercial Driver's License Endorsements</td>
<td>__ D</td>
<td>__ A</td>
<td>__ B</td>
</tr>
</tbody>
</table>

#### Section B: Vehicle You Were Driving

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<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>Zip</td>
<td>Street Address</td>
<td>City/Town</td>
<td>Zip</td>
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</tbody>
</table>

#### Section C: You and Your Passengers

<table>
<thead>
<tr>
<th>Name of Passenger 1 (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>Zip</th>
<th>Age</th>
<th>Sex</th>
<th>License Class</th>
<th>License Type</th>
<th>Commercial Driver's License Endorsements</th>
<th>__ D</th>
<th>__ A</th>
<th>__ B</th>
<th>__ C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Passengers</td>
<td>Non-Collision</td>
<td>Vehicle Damaged Area</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Injuries</td>
<td>Non-Collision</td>
<td>Vehicle Damaged Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle Damaged Area (circle up to three)</th>
<th>Damage</th>
<th>Area Damaged</th>
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</thead>
<tbody>
<tr>
<td>Amount of Damage</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<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>License Type</th>
<th>Commercial Driver's License Endorsements</th>
<th>__ D</th>
<th>__ A</th>
<th>__ B</th>
<th>__ C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name of Driver (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>Zip</th>
<th>Age</th>
<th>Sex</th>
<th>License Class</th>
<th>License Type</th>
<th>Commercial Driver's License Endorsements</th>
<th>__ D</th>
<th>__ A</th>
<th>__ B</th>
<th>__ C</th>
</tr>
</thead>
</table>

#### Section E: Non-Motorist(s) Involved in the Crash

<table>
<thead>
<tr>
<th>Full Name of Non-Motorist (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>Zip</th>
<th>Age</th>
<th>Sex</th>
<th>License Class</th>
<th>License Type</th>
<th>Commercial Driver's License Endorsements</th>
<th>__ D</th>
<th>__ A</th>
<th>__ B</th>
<th>__ C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>Zip</td>
<td>Street Address</td>
<td>City/Town</td>
<td>Zip</td>
</tr>
</tbody>
</table>

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

<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>License Type</th>
<th>Commercial Driver's License Endorsements</th>
<th>__ D</th>
<th>__ A</th>
<th>__ B</th>
<th>__ C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name of Driver (Last, First, Middle)</th>
<th>Address</th>
<th>City/Town</th>
<th>Zip</th>
<th>Age</th>
<th>Sex</th>
<th>License Class</th>
<th>License Type</th>
<th>Commercial Driver's License Endorsements</th>
<th>__ D</th>
<th>__ A</th>
<th>__ B</th>
<th>__ C</th>
</tr>
</thead>
</table>

<table>
<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>Zip</td>
<td>Street Address</td>
<td>City/Town</td>
<td>Zip</td>
</tr>
</tbody>
</table>

Please provide the full name, address, and DOB or Age of all passengers. A list of the possible codes is provided at the bottom of this section.
**Section A: Crash Location**

Complete this section if the crash did **NOT** occur at an intersection of two or more streets:

<table>
<thead>
<tr>
<th>Reg. Type</th>
<th>Age</th>
<th>Sex</th>
<th>License State</th>
<th>License Class</th>
<th>Full Name of Vehicle Owner (Last, First, Middle)</th>
<th>Date of Birth/Age</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motorcycle</td>
<td>7</td>
<td>Single-unit truck (2 axles)</td>
<td>10</td>
<td>Truck tractor (bobtail)</td>
<td>13</td>
<td>Unknown heavy truck</td>
<td>99</td>
<td>Unknown</td>
</tr>
<tr>
<td>Light truck (van, mini-van)</td>
<td>5</td>
<td>Bus (7-15 passengers)</td>
<td>9</td>
<td>Truck/trailer</td>
<td>8</td>
<td>Making U-turn</td>
<td>11</td>
<td>Parked</td>
</tr>
<tr>
<td>Pick-up, sport utility)</td>
<td>6</td>
<td>Single-unit truck (2 axles)</td>
<td>14</td>
<td>Motor home/recreational vehicle</td>
<td>14</td>
<td>Motor home/recreational vehicle</td>
<td>97</td>
<td>Other</td>
</tr>
<tr>
<td>Motorcycle</td>
<td>7</td>
<td>Single-unit truck (3 or more axles)</td>
<td>11</td>
<td>Truck/semi-trailer</td>
<td>10</td>
<td>Undercarriage</td>
<td>12</td>
<td>Totaled</td>
</tr>
<tr>
<td>Light truck (van, mini-van)</td>
<td>5</td>
<td>Bus (15 or more passengers)</td>
<td>8</td>
<td>Truck/semi-trailer</td>
<td>10</td>
<td>Undercarriage</td>
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<td>Unknown</td>
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<td>Unknown heavy truck</td>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Section B: Vehicle You Were Driving**

Vehicle Make | Reg. Type | Age | License State | License Class | Full Name of Vehicle Owner (Last, First, Middle) | Date of Birth/Age | Yes  | No  |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pick-up, sport utility)</td>
<td>6</td>
<td>Single-unit truck (2 axles)</td>
<td>14</td>
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<td>Tractor/triples</td>
<td>13</td>
<td>Unknown heavy truck</td>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Section C: You and Your Passengers**

Driving or was the crash caused by an intersection of two or more streets:

<table>
<thead>
<tr>
<th>Number of occupants in the Vehicle:</th>
<th>Vehicle Damaged Area</th>
<th>Collisions</th>
<th>Non-Collision</th>
<th>Collision with</th>
<th>Motor vehicle in traffic</th>
<th>Parked motor vehicle</th>
<th>Pedestrian</th>
<th>Cyclist</th>
<th>Driver's seat - front side</th>
<th>Passenger seat - front side</th>
<th>Driver's seat - rear side</th>
<th>Passenger seat - rear side</th>
<th>Other seat</th>
<th>Date of Birth/Age</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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<td>4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of occupied in the vehicle (including yourself):</th>
<th>Number of occupants in the vehicle:</th>
<th>Vehicle Damaged Area</th>
<th>Collisions</th>
<th>Non-Collision</th>
<th>Collision with</th>
<th>Motor vehicle in traffic</th>
<th>Parked motor vehicle</th>
<th>Pedestrian</th>
<th>Cyclist</th>
<th>Driver's seat - front side</th>
<th>Passenger seat - front side</th>
<th>Driver's seat - rear side</th>
<th>Passenger seat - rear side</th>
<th>Other seat</th>
<th>Date of Birth/Age</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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### Commonwellth of Massachustts 
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 street name and route #, if applicable.
- 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 vehicle 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.

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### 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
- 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 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:
  
  
  **CRA-23-A1 Form**
  
  **Form CMA**
  
  **P.O. Box 199100**
  
  **Boston, MA 02119-9100**

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**License Plate Number:**

**Street Name:**

**Route:**

**Location:**

**Date:**

**Time:**

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**Lighting Conditions:**
- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Night
- 5 Dark - Federal roadway
- 6 Dark - Non-federal roadway

**Thefts:**
- 1 Daylight
- 2 Dusk
- 3 Dusk
- 4 Night
- 5 Dark

**Weather Conditions:**
- 1 Clear
- 2 Cloudy
- 3 Rain
- 4 Snow
- 5 Fog, drizzle, sleet, snow
- 6 Light snow, sleet, rain, freezing rain
- 7 Drizzle, rain, snow
- 8 Blowing snow, snow
- 99 Unknown

---

**Trafficway Description:**
- 1 Two-way, not divided
- 2 Two-way, divided, protected median
- 3 Two-way, divided, unprotected median
- 4 Two-way, not divided
- 5 One-way, not divided
- 6 Lighted roadway
- 7 Unknown roadway
- 99 Unknown

---

**Roadway Interaction Type:**
- 1 None
- 2 Two-way
- 3 Four-way intersection
- 4 Three-way intersection
- 5 Two-way, not divided
- 6 Traffic circle
- 7 Other
- 99 Unknown

---

**Road Surface:**
- 1 Dry
- 2 Wet
- 3 Snow
- 4 Ice
- 5 Sand, mud, dirt, oil, gravel
- 6 Water (standing, moving)
- 7 Sleet, hail, freezing rain
- 8 Wet
- 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

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**Trafficway Description:**
- 1 Two-way, not divided
- 2 Two-way, divided, protected median
- 3 Two-way, divided, unprotected median
- 4 Two-way, not divided
- 5 One-way, not divided
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