

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash, Time of Crash (24HR), City/Town

Number Vehicles, Number Injured, Speed Limit, Latitude, Longitude, State Police, Local Police, MBTA Police, Other

AT INTERSECTION:

LOCATION

NOT AT INTERSECTION:

Route#, Direction, Name of Roadway/Street, At, Name of Intersecting Roadway/Street, Also at Intersection with, Name of Intersecting Roadway/Street

Route#, Direction, Address #, Name of Roadway/Street, Feet N S E W of, Mile Marker, Exit Number, Feet N S E W of, Route#, Intersecting Roadway/Street, Feet N S E W of, Landmark

Please Select One of the Following: Vehicle 1 # Occupants, Hit/Run, Moped

License #, St, DOB/Age, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Operator, Address, City, State, Zip, Insurance Company, Vehicle Travel Direction, Responding to Emergency?, Citation #, Violation 1-4

Reg #, Reg Type, Reg State, Veh Year, Veh Make, Veh Config, Owner, Address, City, State, Zip, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Most Harmful Event, Driver Contributing Code, Underride/Override, Towed

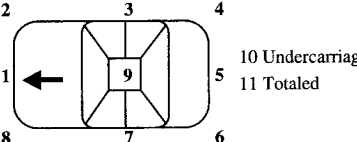


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility

Please Select One of the Following: Vehicle 2 # Occupants, Non-Motorist A Type, Action, Location, Condition, Hit/Run, Moped

License #, St, DOB/Age, Sex, Lic. Class, Lic. Restrictions, CDL Endorsement, Operator, Address, City, State, Zip, Insurance Company, Vehicle Travel Direction, Responding to Emergency?, Citation #, Violation 1-4

Reg #, Reg Type, Reg State, Veh Year, Veh Make, Veh Config, Owner, Address, City, State, Zip, Vehicle Action Prior to Crash, Damaged Area Code, Event Sequence, Most Harmful Event, Driver Contributing Code, Underride/Override, Towed

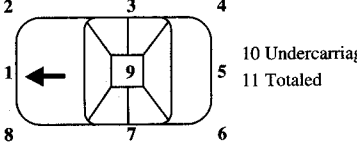
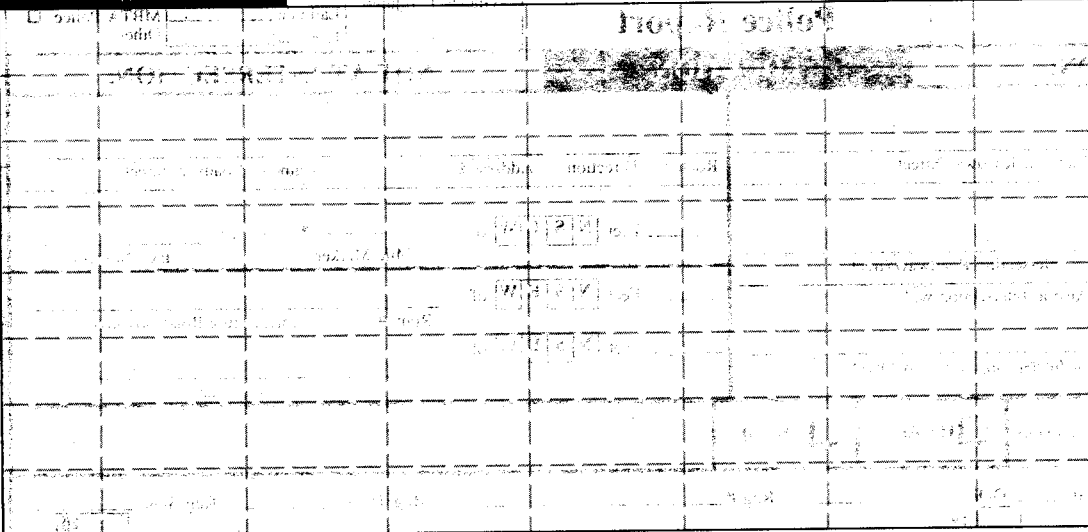


Table with columns: Name (Last First Middle), Address, DOB/Age, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian

**Crash Diagram:**

ie: → 1 → 2 → ○



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

**Crash Narrative:**

\_\_\_\_\_  
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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damages:**

Owner (Last, First, Middle)	Address	Phone #	34 Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code   Gross Vehicle Weight  

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 38 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

Police Officer Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ ID/Badge # \_\_\_\_\_ Department \_\_\_\_\_ Precinct/Barracks \_\_\_\_\_ Date \_\_\_\_\_