SEND ONE COPY TO:
MAIL: R.M.V.
P.O. BOX 199100
BOSTON, MA. 02119
NAME OF POLICE DEPT. SUBMITTING REPORT

NOT TO BE USED BY OPERATOR

MUST TYPE OR PRINT

COMMONWEALTH OF MASSACHUSETTS
POLICE REPORT OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Date of Accident (Mo Day Yr)	Day of the Week (S M T W T F S; 1 2 3 4 5 6 7)	A.M. 1 / P.M. 2	Hour

Did you notice any indication that an operator had been taking any medication or drugs? (Check One: YES 1 / NO 2)

To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells? (Check One: YES 1 / NO 2) (explain on reverse)

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

VEHICLE 1

Name of Operator | Number of Vehicles Involved | Date of Birth (MO DAY YR) | Sex 1 M 2 F

Street Address | City/Town | State | Zip | Driver's License Number and State

Owners Name and Address (if same, write "same") | Registration Number and State

Name of Insurance Company only may be written here | Year | Make | Type | Approximate Cost to Repair $

Describe Damage to Vehicle | Fire Damage YES 1 NO 2 | Parked Car YES 1 NO 2

VEHICLE 2

Name of Operator | Phone | Zip | Date of Birth (MO DAY YR) | Sex 1 M 2 F

Street Address | City/Town | State | Driver's License Number and State

Owners Name and Address (if same, write "same") | Phone | Zip | Registration Number and State

Name of Insurance Company only may be written here | Year | Make | Type | Approximate Cost to Repair $

Describe Damage to Vehicle | Fire Damage YES 1 NO 2 | Parked Car YES 1 NO 2

OTHER

Describe Other Property Damage | Approximate Cost to Repair $

Name of Property Owner | Address | 1 State 2 MDC 3 Municipal

WITNESSES

Other Witnesses or Persons Present	Address	Phone
		Bus Res
		Bus Res

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

INJURED 1

Name of Injured | Street | City/Town | State

Age | Sex 1 M 2 F

Ejected from Vehicle YES 1 NO 2

INJURY SEVERITY: 1 Killed; 2 Serious Visible Injury; 3 Minor Visible Injury; 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used; 2 Child Restraint Used; 3 Helmet Used; 4 Air Bag Used

PERSON INJURED: 1 Operator, 2 Passenger (In Vehicle No _____); 3 Passenger In Train, Bus, Etc; 4 Operator, 5 Passenger (On Motorcycle); 6 Pedestrian; 7 Bicyclist; 8 Moped; 9 Other

INJURED 2

Name of Injured | Street | City/Town | State

Age | Sex 1 M 2 F

Ejected from Vehicle YES 1 NO 2

INJURY SEVERITY: 1 Killed; 2 Serious Visible Injury; 3 Minor Visible Injury; 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used; 2 Child Restraint Used; 3 Helmet Used; 4 Air Bag Used

PERSON INJURED: 1 Operator, 2 Passenger (In Vehicle No _____); 3 Passenger In Train, Bus, Etc; 4 Operator, 5 Passenger (On Motorcycle); 6 Pedestrian; 7 Bicyclist; 8 Moped; 9 Other

INJURED 3

Name of Injured | Street | City/Town | State

Age | Sex 1 M 2 F

Ejected from Vehicle YES 1 NO 2

INJURY SEVERITY: 1 Killed; 2 Serious Visible Injury; 3 Minor Visible Injury; 4 No Visible Injury but Complaints of Pain

RESTRAINT SYSTEMS (Yes / No / ?): 1 Safety Belt Used; 2 Child Restraint Used; 3 Helmet Used; 4 Air Bag Used

PERSON INJURED: 1 Operator, 2 Passenger (In Vehicle No _____); 3 Passenger In Train, Bus, Etc; 4 Operator, 5 Passenger (On Motorcycle); 6 Pedestrian; 7 Bicyclist; 8 Moped; 9 Other