

How to Read Your Massachusetts Car Accident Report

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 <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Driver Contributing Code

Many accidents are not really accidents. One driver often does something wrong that results in a collision. Some of the most common causes of car accidents can be found here among the various codes entered in Box 24. These include 2 for "Exceeded authorized speed limit," 3 for "Disregarded traffic signs, signals, road markings," 10 for "Operating vehicle in erratic, reckless, careless, negligent or aggressive manner," 19 for "Inattention," 20 for "Distracted" and 23 for "Cellular telephone."

Number Injured

Receiving fair compensation for an injury caused by an accident can be difficult. One of the problems is insurance companies sometimes question whether the person was actually hurt in an accident. This confusion can start if the police officer investigating your accident does not include you among the number of people injured in an accident listed in this box. Make sure the information on this document matches what actually happened in your accident.

Operator/Passenger Information

Make sure you verify every detail on your accident report, including personal information like your name, address and date of birth. The slightest mistake could jeopardize your ability to be fairly compensated. This also includes your "Injury Status" listed under column 32. Insurance companies pay close attention to the code entered here by the investigating officer. The codes include 1 for "Fatal Injury," 2 for "Incapacitating Injury," 3 for "Non-Incapacitating Injury," 4 for "Possible Injury," 5 for "No Injury" and 99 for "Unknown."

Route# _____ Direction _____ Name of Roadway/Street _____ At _____		Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____	
Violation 1: Ch _____ Sec _____	Violation 2: Ch _____ Sec _____	Violation 3: Ch _____ Sec _____	Violation 4: Ch _____ Sec _____
Please fill out for operator and all occupants involved		DOB/Age	Sex
Name (Last First Middle)	Address	26 Seat Pos.	27 Safety System
Operator	See Above	28 Airbag Status	29 Airbag Switch
		30 Eject Code	31 Trap Code
		32 Injury Status	33 Transp. Code
			Medical Facility
Please select One <input type="checkbox"/> Vehicle 2 # Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/>		14 Action	15 Location
		16 Condition	17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
		Reg Type	Reg State
		Veh Make	Veh Config. <input type="checkbox"/>
		Last _____ First _____ Middle _____	State _____ Zip _____
		Prior to Crash <input type="checkbox"/> 21	Damaged Area Code: (Circle Up to Three)
		22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
		23 <input type="checkbox"/>	1 <input type="checkbox"/> 9 <input type="checkbox"/> 5 <input type="checkbox"/> 10 Undercarriage
		24 <input type="checkbox"/> 24 <input type="checkbox"/>	11 Toted <input type="checkbox"/> 6 <input type="checkbox"/>
		25 <input type="checkbox"/> Towed _____	
Name (Last First Middle)		DOB/Age	Sex
Operator/Non-Motorist		26 Seat Pos.	27 Safety System
		28 Airbag Status	29 Airbag Switch
		30 Eject Code	31 Trap Code
		32 Injury Status	33 Transp. Code
			Medical Facility

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→ = Direction Vehicle 1 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Crash Narrative:

If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot

Garage

Mall/Shopping Center

Other Private Way

Crash Narrative

Insurance companies scrutinize this part of the accident report. Every single word the investigating officer chooses to describe your accident matters. Insurance companies often use this section as justification for denying or limiting legitimate claims filed by accident victims.

Crash Diagram

This section of the report provides space for the investigating officer to draw a picture of your accident. Make note of the location of the vehicles and other details on the diagram. If you disagree with the officer's depiction of your accident, contact us. We can investigate your accident and help set the record straight.

Hazardous Materials

Box 42 on Page 2 of your accident form is reserved for information about hazardous materials. If hazardous materials are released, the number 1 will be marked in this box. The number 2 will appear in this box if no hazardous materials were released. The number 99 is reserved for "Unknown."

Carrier Name	Registration #	Phone #	Statement
Address			
US DOT #	State Number		
Cargo Body Type Code	Gross Vehicle Weight		
Trailer Reg #	Reg Type	Reg State	Reg Year
Hazzmat Information:			
Placard	Material 1 digit #	Material Name	Material 4 digit #
			Release code <input type="checkbox"/> 42

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