



HOLDEN POLICE DEPARTMENT - 1370 MAIN STREET HOLDEN, MA 01520
 Motor Vehicle Accident Assistance
Checklist

This checklist is intended as a helpful tool to assist you through the follow-up to your accident. All accidents are different. Please check with your car insurance company, all police departments involved, and your health insurance company and attorney (if applicable) to see if there is anything additional you need to do.

Information You'll Need

- For all drivers/vehicles, including yourself:
 - Name & address
 - Insurance company
 - Personal injury
 - Date of birth
 - Year, make, model of vehicle
 - Damage to vehicle
 - Driver's license # and state
 - Vehicle registration # and state
- About the accident:
 - Date & time
 - North/South/East/West orientation
 - Location & landmarks
- Name & address of all witnesses, if known
- Citation # & charges for ticket you received, if applicable

Checklist

- Call insurance company to report accident; follow their instructions for claim, vehicle repair, etc.
Notes: _____
- Pick up Information Exchange Form at police department (if more than just your car was involved). There is no fee for this form. It contains the info you will need to complete the Operator's Crash Report required by the state. (A blank Operator's Crash Report form is included in this packet).
Notes: _____
- Optional:** Submit completed HPD Report Request Form (included in this packet) and \$5 fee to obtain copy of officer's report – OR – you may purchase it online for \$10 at buycrash.com (**This step is optional; your insurance company should purchase the report for their use**).
Notes: _____
- Complete Operator's Crash Report and make 3 copies (keep original for your records). Mail or drop off within 5 days of the accident to:
 - () Insurance company () Police Department () Registry of Motor Vehicles*Notes:* _____
- Pay or appeal citation, if issued. **Citation #:** _____
Notes: _____

		Rec'd	
		+10 bus days	
		Call #	
		Rept #	
		Approved	
		Delivered	
		Fee Rec'd	



DONE

HOLDEN POLICE DEPARTMENT ♦ 1370 MAIN STREET HOLDEN, MA 01520 ♦ 508.210.5600

IMPORTANT NOTES – PLEASE READ

-) Most reports are **not immediately available**; Requests may take **up to 10 business days** to process.
-) **HOLDEN** incidents only. **PRINCETON** and **WEST BOYLSTON** reports must be requested directly from their respective police departments.

Request for Police Report

So that we may locate the requested records & contact you with any questions, please complete:

Today's Date: _____

Your Name: _____

Address: _____

Phone Number: _____

Email Address: _____

PRINT EMAIL ADDRESS CLEARLY. If illegible, your report will be mailed via USPS.
Fee must be prepaid to email report. Some reports may require in-person identification.

Type of Incident: _____

Name of any involved party and/or location: _____

Date/Time occurred or reported: _____

Fee Enclosed: Check Cash

- \$5.00 per accident /incident/arrest report
- For complicated requests, fee will have to be calculated
- No fee for victims of domestic violence or identity theft

Preferred delivery method: Mail (pre-paid only) Pick-up at station EMail (pre-paid only)

PRIVACY STATEMENT

We will use the information you include on this form to comply with your request. Please note that your request itself is a public record and may be released under the provisions of the Massachusetts Public Records Act. We will not release this information for any other reason.

Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Must a Crash Report be filed with the Registrar?

M.G.L. Chapter 90, Section 26 requires a person who was operating a motor vehicle involved in a crash in which (i) any person was killed or (ii) injured or (iii) in which there was damage in excess of \$1,000 to any one vehicle or other property, to complete and file a **Crash Operator Report** with the Registrar **within five (5) days after such crash** (unless the person is physically incapable of doing so due to incapacity). The person completing the report **must** also send a copy of the report to the police department having jurisdiction on the way where the crash occurred. If the operator is incapacitated but is not the vehicle's owner, the owner is required to file the crash report within the five (5) days based on his/her knowledge and information obtained about the crash. The Registrar may require the owner or operator to supplement the report and he/she can revoke or suspend the license of any person violating any provision of this legal requirement. A police department is required to accept a report filed by an owner or operator whose vehicle has been damaged in a crash in which another person unlawfully left the scene even if damage to the vehicle does not exceed \$1,000.

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 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 license 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.

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

- Indicate all non-vehicular property that was damaged in the crash.

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 the local police department or state police 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

City/Town Where Crash Occurred	Date of Crash	Time of Crash ___:___ __ AM __ PM	# Vehicles Involved:
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Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did NOT occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? __Yes __No			
Driver's License Number	License State	Date of Birth	Age	Sex __M __F	License Class __D __A __B __C __M __Unknown	Commercial Driver's License Endorsements H __ Hazardous N __ Tank vehicles P __ Passenger transport T __ Doubles/Triples X __ Tank and Hazardous	
Your Full Name (Last, First, Middle)			Street Address		City/Town	State	Zip
Insurance Company			Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction __N __S __E __W	What Was Your Vehicle Doing Prior to the Crash?				
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2 nd (if applicable)?	What happened 3 rd (if applicable)?	What happened 4 th (if applicable)?
□	□	□	□

Collision with

- 1 Motor vehicle in traffic
- 2 Parked motor vehicle
- 3 Pedestrian
- 4 Cyclist
- 5 Animal- deer
- 6 Animal- other
- 7 Moped
- 8 Work zone maintenance equipment
- 9 Railway vehicle (train, engine)
- 10 Other movable object
- 11 Unknown movable object
- 20 Curb
- 21 Tree
- 22 Utility pole

- 23 Light pole or other post/support
- 24 Guardrail
- 25 Median barrier
- 26 Ditch
- 27 Embankment/Sloping shoulder
- 28 Highway traffic signpost
- 29 Overhead sign support
- 30 Fence
- 31 Mailbox
- 32 Crash cushion/Impact attenuator
- 33 Bridge
- 34 Bridge overhead structure
- 35 Other fixed object (wall, building, tunnel)
- 36 Unknown fixed object

Non-Collision

- 40 Ran off road right
- 41 Ran off road left
- 42 Cross median/centerline
- 43 Overturn/rollover
- 44 Equipment failure (blown tire, brakes, etc)
- 45 Fire/explosion
- 46 Immersion
- 47 Jackknife
- 48 Cargo/equipment loss or shift
- 49 Separation of units
- 50 Downhill runaway
- 51 Other non-collision
- 52 Unknown non-collision
- 97 Other
- 99 Unknown

Was your Vehicle Towed From the Scene Due to Damage? __Yes __No	Vehicle Damaged Area (circle up to three)		<ul style="list-style-type: none"> 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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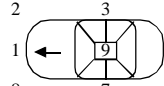
Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

		Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)												
Name of Passenger 1 (Last, First, Middle)	Address											
	City/Town State Zip											
Name of Passenger 2 (Last, First, Middle)	Address											
	City/Town State Zip											
Name of Passenger 3 (Last, First, Middle)	Address											
	City/Town State Zip											

A. Seating Position 1 Front seat - left side (or motorcycle driver) 9 Third row - right side 2 Front seat - middle 10 Sleeper section of cab 3 Front seat - right side 11 Enclosed passenger area 4 Second seat - left side (or motorcycle passenger) 12 Unenclosed passenger area 5 Second seat - middle 13 Trailing unit 6 Second seat - right side 14 Riding on vehicle exterior 7 Third row - left side (or motorcycle passenger) 97 Other 8 Third row - middle 99 Unknown		B. Safety System Used 0 None used 1 Shoulder and lap belt 2 Lap belt only 3 Shoulder belt only 4 Child safety seat 5 Helmet 99 Unknown		C. Air Bag Status 1 Deployed-front 2 Deployed-side 3 Deployed both front and side 4 Not deployed 5 Not applicable 99 Unknown		D. Air Bag Switch 1 Switch in ON position 2 Switch in OFF position 3 ON-OFF switch not present 4 Unknown if switch is present 99 Unknown	
E. Ejected From Vehicle? 0 Not ejected 1 Totally ejected 2 Partially ejected 3 Not applicable 99 Unknown		F. Trapped? 0 Not trapped 1 Freed by mechanical means 2 Freed by non-mechanical means 99 Unknown		G. Injured? 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 5 No injury 3 Non-incapacitating 99 Unknown 4 Possible		H. Transported for Medical Care? 1 Not transported 97 Other 2 EMS (emergency service) 99 Unknown 3 Police	

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

Number of occupants in the Vehicle: _____		Number of injured occupants: _____		Was Vehicle Damage above \$1000? Yes ___ No ___		Moped? Yes ___ No ___		Hit and Run? Yes ___ No ___		
Driver's License Number		License State	Date of Birth	Age	Sex ___ M ___ F	License Class ___ D ___ A ___ B ___ C ___ M ___ Unknown		Commercial Driver's License Endorsements H ___ Hazardous N ___ Tank vehicles P ___ Passenger transport T ___ Doubles/Triples X ___ Tank and Hazardous		
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State		Zip
Insurance Company			Vehicle Registration #		Reg. Type	Reg. State	Vehicle Year	Vehicle Make		
Indicate type of vehicle 1 Passenger car 4 Bus (15 or more passengers) 8 Truck/trailer 12 Tractor/triples 97 Other 2 Light truck (van, mini-van, pick-up, sport utility) 5 Bus (7-15 passengers) 9 Truck tractor (bobtail) 13 Unknown heavy truck 99 Unknown 3 Motorcycle 6 Single-unit truck (2 axles) 10 Tractor/semi-trailer 14 Motor home/recreational vehicle 7 Single-unit truck (3 or more axles) 11 Tractor/doubles										
Full Name of Vehicle Owner (Last, First, Middle)					Street Address		City/Town		State Zip	
Vehicle Travel Direction ___ N ___ S ___ E ___ W	What Was the Vehicle Doing Prior to the Crash? 1 Travelling straight ahead 4 Turning left 7 Leaving traffic lane 10 Backing 97 Other 2 Slowing or stopped 5 Changing lanes 8 Making U-turn 11 Parked 99 Unknown 3 Turning right 6 Entering traffic lane 9 Overtaking/passing					Vehicle Damaged Area (circle up to three) 2 3 4 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown 				

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

Indicate the type of non-motorist involved 1 Pedestrian 2 Cyclist 3 Skater 97 Other 99 Unknown									
What was the non-motorist doing prior to the crash? 1 Entering or crossing location 6 Working on vehicle 2 Walking, running, or cycling 7 Standing 3 Working 97 Other 4 Pushing vehicle 99 Unknown 5 Approaching or leaving vehicle				Where was the non-motorist prior to the crash? 1 Marked crosswalk at intersection 6 Median (but not on shoulder) 2 At intersection but no crosswalk 7 Island 3 Non-intersection crosswalk 8 Shoulder 4 In roadway 9 Sidewalk 5 Not in roadway 10 Shared-use path or trails 99 Unknown					
Date of Birth/Age	Sex ___ M ___ F	Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town		State Zip	
Safety Equipment? 0 None used 9 Lighting 6 Helmet 10 Other 7 Protective pads (elbows, knees, etc.) 99 Unknown 8 Reflective clothing			Injured? 1 Fatal injury <u>Non-fatal injury:</u> 2 Incapacitating 5 No injury 3 Non-incapacitating 99 Unknown 4 Possible			Transported for Medical Care? 1 Not transported 97 Other 2 EMS (emergency service) 99 Unknown 3 Police If transported, please indicate Hospital/Medical Facility:			

