

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/02/2019	Time of Crash 17:31 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
NORTH GROVE ST Route# Direction Name of Roadway/Street At WEST WOODLAND RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street		Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000005
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License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator ESTEVES AMANDA Address 8 OAKLAND AVE (apt. 2) City SOMERVILLE State MA Zip 02145 Insurance Company PLYMOUTH ROCK ASSU Vehicle Travel Direction: X S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # 5XV458 Reg Type PAN Reg State MA Veh Year 2015 Veh Make NISS Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled
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Please fill out for operator and all occupants involved		Age/DOB	Sex	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
Operator	See Above	-----	---	---	99	2	1	0	0	5	1	NONE

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants	<input type="checkbox"/> Non-Motorist A Type 14	Action 15	Location 16	Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KHITRIK INNA Address 6 CHARLES ST. City NEWTON State MA Zip 02466 Insurance Company ARBELLA PROTECTION Vehicle Travel Direction: N S E X Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Reg # R57532 Reg Type CON Reg State MA Veh Year 2018 Veh Make RAM Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled
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Operator/Non-Motorist	See Above	-----	---	---	99	4	99	0	0	5	1	NONE

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

**Crash Narrative:**

OPMV#1 Was traveling Northbound on Grove St when she came to a stop at the intersection of Grove St and Woodland Rd. OPMV#1 Stopped and then proceeded into the intersection and was struck by the OPMV#2.

OPMV#1 Stated she stopped at the stop sign and was waiting for the other vehicle to go but they didn't move. So she started to move into the intersection and that's when she was struck by the OPMV#2.

OPMV#2 Was traveling Westbound on Woodland Rd when she came to a stop at Woodland Rd and Grove St. OPMV#2 Stopped and then proceeded into the intersection and was struck by the OPMV#1.

OPMV#2 Stated she stopped at the stop sign as the other vehicle did and happened to be entering the intersection at the same time when she was struck by the OPMV#1. Vehicle#1 was towed due to extensive damage.

There were no injuries due to this accident.

**Witnesses:**

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

**Property Damage:**

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 37 Gross Vehicle Weight 38

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

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42