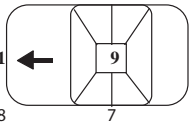
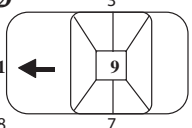


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/03/2019		Time of Crash 08:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div>WEST AUBURNDALE AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>ROWE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000009							
License # --- St MA DOB/Age ---				Reg # 3KD137 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment				Veh Year 2010 Veh Make TOYT Veh Config. 1 20									
Operator HOANG ANH Last First Middle				Owner (Same as operator) Last First Middle									
Address 621 WATERTOWN ST (apt. 27)				Address									
City NEWTON State MA Zip 02460				City State Zip									
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		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		-----		---		1 4 4 0 0 5 1			
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													
License # --- St RI DOB/Age ---				Reg # P51417 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2011 Veh Make FORD Veh Config. 2 20									
Operator MEDINILLA RODRIC AROL Last First Middle				Owner YALE APPLIANCE Last First Middle									
Address 252 UNION AVE (apt. 3)				Address 75 CAMPANELLI PKWY									
City PROVIDENCE State RI Zip 02909				City STOUGHTON State MA Zip 02072									
Insurance Company TRAVELERS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		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/Non-Motorist				See Above		-----		---		1 4 4 0 0 5 1			

→ 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:

Motor Vehicle 1 was traveling westbound on Aburndale Ave when it was struck in the rear drivers side by vehicle 2.

Motor Vehicle 2 was stopped at the stop sign on Rowe St @ Auburndale Ave and proceeded to pull forward when it struck the rear drivers side of Motor Vehicle 1.

Neither operators reported any injuries. Both vehicles only had very minor damage. No tows were required.

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