

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/03/2019		Time of Crash 14:42 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:						9	
1	1	NEWTONVILLE AVE											2
		Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
2	1	WALNUT ST											10
		Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
3	1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							11
4	1	<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000011					12
5	1	License # _____ St <u>MA</u> DOB/Age _____				Reg # <u>1VG263</u> Reg Type <u>PAN</u> Reg State <u>MA</u>				13			
		Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____				Veh Year <u>2016</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> <u>20</u>							
6	1	Operator <u>LANTON</u> <u>LINDA</u>				Owner <u>NISSAN INFINITI LT</u>				1			
		Address <u>14 ELLISON RD</u>				Address <u>BOX 254648</u>							
7	2	City <u>NEWTON</u> State <u>MA</u> Zip <u>02459-1406</u>				City <u>SACRAMENTO</u> State <u>CA</u> Zip <u>95865</u>				1			
		Insurance Company <u>COMMERCE</u>				Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
8	1	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>				10 Undercarriage 11 Totaled			
		Citation # (If Issued) _____				Most Harmful Event <u>1</u> <u>23</u>							
9	1	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>				1			
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override <u>25</u> Towed <u>N</u>							
10	1	Please fill out for operator and all occupants involved								1			
		Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
11	1	Operator See Above								1			
12	1									1			
13	2	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants				<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>				1			
14	2	License # _____ St <u>MA</u> DOB/Age _____				Reg # <u>562HL3</u> Reg Type <u>PAN</u> Reg State <u>MA</u>				1			
		Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____				Veh Year <u>2014</u> Veh Make <u>VOLK</u> Veh Config. <u>1</u> <u>20</u>							
15	2	Operator <u>STANEK</u> <u>AGNES</u>				Owner <u>(Same as operator)</u>				1			
		Address <u>56 CONGRESS PL</u>				Address _____							
16	2	City <u>DEDHAM</u> State <u>MA</u> Zip <u>02026</u>				City _____ State _____ Zip _____				1			
		Insurance Company <u>LIBERTY</u>				Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
17	2	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>				10 Undercarriage 11 Totaled			
		Citation # (If Issued) _____				Most Harmful Event <u>1</u> <u>23</u>							
18	2	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>				1			
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override <u>25</u> Towed <u>N</u>							
19	2	Please fill out for operator and all occupants involved								1			
		Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
20	2	Operator/Non-Motorist See Above								1			
21	2									1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WALNUT STREET BRIDGE

IMPACT AREA

NEWTONVILLE AVE

NOT TO SCALE

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:

On the above date and time I responded to Walnut Street Bridge near Newtonville Ave for a two motor vehicle crash. Upon arrival I met with the operator of vehicle one Ms. Lanton, she stated she was stopped on Walnut Street bridge facing north when vehicle two struck her from behind.

I spoke with the operator of vehicle two Ms. Stanek, she stated she was stopped and vehicle one rolled back into her.

Neither party had injuries, I assisted in swapping their information and all parties were advised of the process.

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

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code