

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/04/2019	Time of Crash 17:39 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:				
Route# Direction Name of Roadway/Street At			NORTH 49 PEARL ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000017	
License # --- St MA DOB/Age ---			Reg # 2PC355 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make HONDA Veh Config. 1 20							
Operator RODRIGUEZ SARA Last First Middle			Owner (Same as operator) Last First Middle							
Address 20 RUSSELL ST (apt. 2)			Address _____							
City NEWTON State MA Zip 02453			City _____ State _____ Zip _____							
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 2 22 22 22 22 2 23 1 24 24 25 Towed Y			8 7 6 5 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event 2 23							
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							
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			NONE				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # 1VJ749 Reg Type PAN Reg State MA							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20							
Operator _____ Last First Middle			Owner NORLING JACLYN E Last First Middle							
Address _____			Address 1848 (apt. 41) COMMONWEALTH AVE							
City _____ State _____ Zip _____			City NEWTON State MA Zip 02135							
Insurance Company GOVT EMPLOYEE INS.			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 1 23 1 24 24 25 Towed N			2 3 4 5 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event 1 23							
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							
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 1 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:

The operator of Vehicle #1 stated that as she was travelling Northbound on Pearl St, she collided with Vehicle #2. She stated that she didn't see it, prior to the collision.

It should be noted that Vehicle #2 was parked, and unoccupied. 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

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

DECLAN G HEALY

NEWTON POLICE DEPART

01/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date