

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/05/2019	Time of Crash 10:11 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:					9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 20 CRYSTAL ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____							11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000018				
License # _____ St MA DOB/Age _____			Reg # 3R5238		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2016		Veh Make MERZ		Veh Config. 1 20				
Operator KLOSEK KEIRNAN C			Owner KLOSEK JUSTIN						12		
Address 97 LAKE AVE			Address 97 LAKE AVE						1		
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved									13		
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		1		
Operator See Above			-----		99 4 99 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				
License # _____ St MA DOB/Age _____			Reg # VTJV5		Reg Type PAS		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2010		Veh Make FORD		Veh Config. 2 20				
Operator PAULSON KARL			Owner (Same as operator)								
Address 24 FRENCH ST			Address _____								
City TEWKSBURY State MA Zip 01876			City _____ State _____ Zip _____								
Insurance Company PROGRESSIVE CASUALTY			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 3 4		10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6						
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			-----		99 4 99 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:

Mv#1 operator stated she backed out of her driveway onto Crystal St and collided with Mv#2 that was travelling on Crystal St N/B. #1 driver's side rear struck #2 passenger side doors.

#2 operator stated he was travelling on Crystal St N/B (right of way) and was struck by #1 which had suddenly backed out from the driveway.

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