

Police Use Only			Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 01/09/2019		Time of Crash 07:44 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 1	Speed Limit <u>30</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:								
BROOKLINE ST														2		
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street								10		
At						Feet N S E W of _____ • _____ or _____								2		
EAST DEDHAM ST						Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____								11		
Also at Intersection with						Route# Intersecting Roadway/Street								3		
Route# Direction Name of Intersecting Roadway/Street						Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000032										
License # --- St MA DOB/Age ---						Reg # 867DE4 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						Veh Year 2014 Veh Make FORD Veh Config. 2 20										
Operator MORRISON JENNIFER						Owner (Same as operator)						12				
Address 76 OLD FARM RD						Address _____						1				
City NEWTON State MA Zip 02459						City _____ State _____ Zip _____										
Insurance Company LIBERTY MUTUAL						Vehicle Action Prior to Crash 4 21						Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? _____						Event Sequence 1 22 22 22 22						2 3 4				
Citation # (If Issued) T0645456						Most Harmful Event 1 23						10 Undercarriage				
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 4 24 24						5 11 Totalled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N						6				
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						-----										
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 MA DOB/Age ---						Reg # 82ZL81 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						Veh Year 2015 Veh Make AUDI Veh Config. 1 20										
Operator PORCELLO MARY						Owner (Same as operator)										
Address 205 STIMSON ST						Address _____										
City WEST ROXBURY State MA Zip 02132						City _____ State _____ Zip _____										
Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 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				
Citation # (If Issued) _____						Most Harmful Event 1 23						10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 1 24 24						5 11 Totalled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed Y						6				
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						-----										

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AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street															
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Mile Marker Exit Number															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street Landmark															
<input checked="" type="checkbox"/> Vehicle 3 Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000032													
License # --- St MA DOB/Age ---						Reg # 154-EP1 Reg Type PAN Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL Endorsment						Veh Year 2016 Veh Make KIA Veh Config. 1 20															
Operator MCCARRICK BARBARA Last First Middle						Owner (Same as operator) Last First Middle															
Address 28 BASILE ST						Address															
City ROSLINDALE State MA Zip 02131						City State Zip															
Insurance Company COMMERCE						Vehicle Action Prior to Crash 2 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 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y						10 Undercarriage 11 Totaled									
Citation # (If Issued)																					
Violation 1: Ch Sec Violation 2: Ch Sec																					
Violation 3: Ch Sec Violation 4: Ch Sec																					
Please fill out for operator and all occupants involved																					
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																					
Operator See Above						FAULKNER HOSPITAL															
Please Select One of the Following: <input type="checkbox"/> Vehicle 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 # --- Reg Type --- Reg State ---															
Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20															
Operator --- Last First Middle						Owner --- Last First Middle															
Address ---						Address ---															
City --- State --- Zip ---						City --- State --- Zip ---															
Insurance Company ---						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed ---						10 Undercarriage 11 Totaled									
Citation # (If Issued) ---																					
Violation 1: Ch Sec Violation 2: Ch Sec																					
Violation 3: Ch Sec Violation 4: Ch Sec																					
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Operator/Non-Motorist See Above																					

→ 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:

OPERATOR #1 WAS ON DEDHAM ST, HEADING EASTBOUND AT THE INTERSECTION OF BROOKLINE ST. SHE WAS ATTEMPTING TO TAKE A LEFT HAND TURN ONTO BROOKLINE ST. SHE STATES THAT THE CAR IN THE OPPOSITE DIRECTION OF HER STOPPED, AN INDICATION THAT THE DRIVER WAS LETTING HER TAKE A LEFT HAND TURN. SHE TOOK THE LEFT HAND TURN ONTO BROOKLINE ST AND STRUCK VEHICLE #2 AS IT WAS PASSING BY. VEHICLE #2 IN TURN REAR ENDED VEHICLE #3. VEHICLE #3 OPERATOR TRANSPORTED TO FAULKNER HOSPITAL WITH MINOR INJURIES. VEHICLE OPERATOR #1 STATES THAT HER VIEW WAS OBSTRUCTED, AND THAT SHE WAS TRAVELING EASTBOUND THE SUN WAS IN HER EYES AND HER VIEW WAS OBSTRUCTED. VEHICLE #2 AND #3 WERE TOWED BY TODYS TOWING OF NEWTON. VEHICLE #1 OPERATOR ISSUED CITATION T0645456 BY MAIL, FOR FAILING TO YIELD TO ONCOMING TRAFFIC.

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