

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/11/2019	Time of Crash 18:00 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:					2 9			
BRIDGE ST										2 10			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					11			
CALIFORNIA ST										4			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					_____ Feet N S E W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000045						
License # _____ St MA DOB/Age _____			Reg # 673XN3		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2015		Veh Make TOYT		Veh Config. 1 20						
Operator SAURO ANTHONY R			Owner (Same as operator)								12		
Address 50 COOK ST			Address _____								1		
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____										
Insurance Company QUINCY MUTUAL FIRE			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 4		10 Undercarriage 11 Totaled						
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								1		
Operator See Above			-----		1 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 MA DOB/Age _____			Reg # 1JV718		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2014		Veh Make HYUN		Veh Config. 1 20						
Operator HOBBS SYLVIA			Owner (Same as operator)										
Address 520 MAIN STREET (apt. 14)			Address _____										
City WALTHAM State MA Zip 02452			City _____ State _____ Zip _____										
Insurance Company AMICA MUTUAL INS			Vehicle Action Prior to Crash 5 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 4		10 Undercarriage 11 Totaled						
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above			-----		1 4		0 0 5 1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Indicate North by Arrow

Crash Narrative:

Opr of V1 stated he was in the left lane on Bridge Street traveling Northbound. Opr of V1 stated at this time he noticed V2 change lanes (from right to left) and made contact with his vehicle. V1 sustained minor damage to the right side.

Opr of V2 stated she changed lanes and was traveling in the left lane Northbound. Opr of V2 stated V1 started to try and "squeeze in" the lane. At this time V1 and V2 made contact. V2 sustained minor damage to the front left side of her vehicle.

There were no injuries.

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