

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/13/2019	Time of Crash 09:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 25 CURVE ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000048			
License # --- St MA DOB/Age ---			Reg # 789LXZ		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 10 19 CDL _____			Veh Year 2007		Veh Make TOYOTA		Veh Config. 1 20			
Operator BROWN CAMILLE Last First Middle			Owner BROWN GREGORY Last First Middle		Address 12 BACON RD		City FRAMINGHAM State MA Zip 01701			
Insurance Company NORFLK DEDHAM INS			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 35 22 22 22 22 2			
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Most Harmful Event 35 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed N			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		<div>1330</div>			
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		---					
BROWN, GREGORY			12 BACON RD FRAMINGHAM, MA 01701		M 3 99 4 99 0 0 5 1					
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 19 CDL _____			Veh Year ---		Veh Make ---		Veh Config. 20			
Operator --- Last First Middle			Owner --- Last First Middle		Address ---		City --- State --- Zip ---			
Insurance Company ---			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 22 22 22 22 2			
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed ---			
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		<div>1330</div>			
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		---					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

25 CURVE STREET

IMPACT AREA

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 25 Curve Street for a report of a motor vehicle crash with property damage " house".

Upon arrival I met with the operator Ms. Brown who had an active learners permit and her father Mr. Brown who had an active license who was sitting in the right front of the vehicle..

She stated while pulling into the Church parking lot she misjudged the width of the driveway and doing so had minor contact with the right side of the house belonging to 25 Curve Street. I then spoke to her father who stated the same thing.

We went over to 25 Curve Street and met with Mr. Turner the home owner. The process was explained to everyone and everyone had each others information.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
TURNER, WILLIAM,	25 CURVE STREET NEWTON, MASSACHUSETTS 0	617-332-4975	97	RIGHT SIDE OF HOUSE AND LANDSCAPE

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

