

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/13/2019	Time of Crash 17:55 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:	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____		SOUTH 1136 CHESTNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Landmark _____		

<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000049
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License # _____ St MA DOB/Age _____	Reg # 4MMG90 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20
Operator ANDROSENKO MARIA Last First Middle	Owner (Same as operator) Last First Middle
Address 73 CHARLEMONT STREET	Address _____
City NEWTON State MA Zip 02461	City _____ State _____ Zip _____
Insurance Company SAFETY	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N X E W Responding to Emergency? _____	Event Sequence 23 22 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 23 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 12 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed Y

Please fill out for operator and all occupants involved		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	99	0	0	5	1	
ANDROSENKO, ANNA	73 CHARLEMONT STREET NEWTON, MA 02461	-----	F	4	1	4	99	0	0	5	1	
ANDROSENKO, ANDREW	73 CHARLEMONT STREET NEWTON, MA 02461	-----	M	6	1	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
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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 _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 21
Vehicle Travel Direction: N S E W Responding to Emergency? _____	Event Sequence 22 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed _____

Please fill out for operator and all occupants involved		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	-----	---	---								

→ 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:

The operator of MV1 stated that she was traveling southbound on Chestnut street when she lost control of her vehicle causing the vehicle to jump the curb and run over a city speed limit sign breaking it at the base. The city was notified of the broken sign and pictures were taken and placed in ITs mailbox to be attached to the report. The vehicle sustained a right rear flat tire and was towed by AAA. All parties reported no injuries and signed a patient refusal.

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