

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/17/2019		Time of Crash 11:53 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	
SOUTH ALBEMARLE RD Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								10	
WEST CRAFTS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000059							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SANTANA MARIA A Address 25 OBRIEN WAY City DEDHAM State MA Zip 02026 Insurance Company ALLSTATE				Reg # 866HW7 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 8 7 6 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												1	
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				Operator See Above --- --- 99 4 4 0 0 5 1								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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator GARCIA LAURA J Address 181 LEXINGTON ST (apt. 31) City NEWTON State MA Zip 02465 Insurance Company COMMERCE				Reg # FF222M Reg Type PAS Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 1 20 Owner ZAGAMI MATT Address 33 KEEFE AVE. City NEWTON State MA Zip 02464 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N 8 7 6 10 Undercarriage 5 11 Totaled								13	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ 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/Non-Motorist See Above --- --- 99 5 4 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:

Oper of veh # 1 stated she was traveling EB on Crafts Street when MV 2 came out of Albemarle Road and she was unable to stop in time before hitting the back half of MV 2.

Oper #stated she did not see MV 1 when she stopped at stop sign and decided to proceed through the intersection. She was then struck by MV 1 in intersection.

No Injuries. No tows.

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