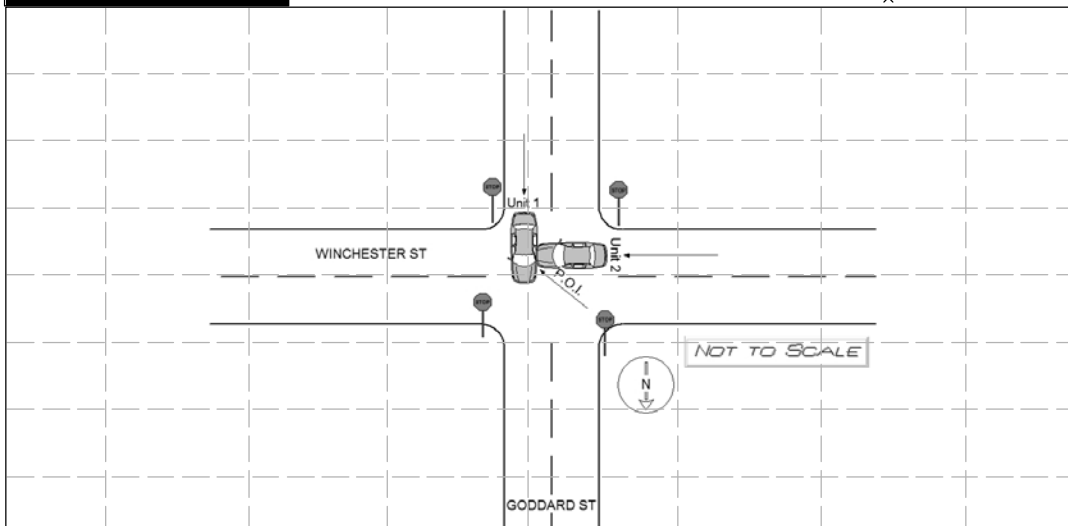


Police Use Only		Commonwealth of Massachusetts						RMV Document Number		
Date of Crash 01/17/2019	Time of Crash 15:28 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:					
GODDARD ST									2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street					10	
At				Feet N S E W of • or Exit Number					2	
WINCHESTER ST										
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Mile Marker Intersecting Roadway/Street					11	
Also at Intersection with				Feet N S E W of 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 1900000061				
License # --- St MA DOB/Age ---				Reg # 485VE1 Reg Type PAN Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2009 Veh Make SUBARU Veh Config. 2 20						
Operator ECONOMOU KRISTINA Last First Middle				Owner (Same as operator) Last First Middle				12		
Address 137 BALDPATE HILL RD				Address				1		
City NEWTON State MA Zip 02459				City State Zip						
Insurance Company COMMERCE				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 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				10 Undercarriage 5 11 Totalled		
Citation # (If Issued)				Diagram: A circle divided into 11 sections. Section 9 is circled. An arrow points to section 1.						
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										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		
Operator See Above				----- --		1 4 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 # 5080RL Reg Type PAN Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2013 Veh Make BMW Veh Config. 2 20						
Operator BRILL MARGARET W Last First Middle				Owner (Same as operator) Last First Middle						
Address 87 MANCHESTER ROAD				Address						
City NEWTON State MA Zip 02461-0000				City State Zip						
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 1 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 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Underride/Override 25 Towed Y				10 Undercarriage 5 11 Totalled		
Citation # (If Issued)				Diagram: A circle divided into 11 sections. Section 9 is circled. An arrow points to section 1.						
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		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				----- --		1 3 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:

Vehicle #1 stated she was stopped at the stop sign at the intersection of Goddard St. and Winchester St. when she had the right of way, she proceeded to drive through the intersection and was struck in the left driver side door by Vehicle #2. Vehicle #2 stated she believed she had stopped at the stop sign and entered the intersection when Vehicle #1 drove in front of her and she was unable to stop, striking Vehicle #1 in the side with the front of her vehicle.

Vehicle #1 had moderate damage to the front left corner and driver side, however it was able to be driven away and did so. Vehicle #2 had moderate damage to the front of the vehicle and was unable to be driven and towed by Tody's Towing.

(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

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

→ 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:

Both drivers were evaluated on scene by medics and stated they were uninjured and declined any further medical treatment.

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)

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Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42