

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																					
Date of Crash 01/19/2019		Time of Crash 18:44 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																
QUINOBEQUIN RD												2																
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10																
EAST WASHINGTON ST						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						11																
Route# Direction Name of Intersecting Roadway/Street						Landmark						3																
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000070																						
License # --- St MA DOB/Age ---				Reg # 148HA7		Reg Type PAN		Reg State MA																				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014		Veh Make HONDA		Veh Config. 2 20																				
Operator MCSHANE CRYSTAL P				Owner (Same as operator)									12															
Address 52 JACQUELINE RD (apt. 12)				Address																								
City WALTHAM State MA Zip 02452				City		State		Zip																				
Insurance Company SAFETY INSURANCE				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		3 4		10 Undercarriage																		
Citation # (If Issued) _____				Most Harmful Event 1 23		1		9		5 11 Totaled																		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24		24		7 6																				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25		Towed Y																						
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		1
Operator				See Above		-----		---		1		1		4		0		0		5		1						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # TC6050		Reg Type PAS		Reg State MA																				
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2017		Veh Make FORD		Veh Config. 2 20																				
Operator DEVECCHI ANGELA				Owner (Same as operator)																								
Address 169 STANDISH RD				Address																								
City E. WATERTOWN State MA Zip 02472				City		State		Zip																				
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)																						
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2		3 4		10 Undercarriage																		
Citation # (If Issued) _____				Most Harmful Event 1 23		1		9		5 11 Totaled																		
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25		Towed Y																						
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Operator/Non-Motorist				See Above		-----		---		1		2		4		0		0		5		1						
SMYKE, SOPHIE				169 STANDISH ST E. WATERTOWN, MA 02472		-----		F		3		1		2		4		0		0		5		1				
SMYKE, ETHAN				169 STANDISH RD E. WATERTOWN, MA 02472		-----		M		4		1		2		4		0		0		5		1				
MUNGOVAN, JAMES				150 OXBOW RD NEEDHAM, MA 02492		-----		M		6		1		2		4		0		0		5		1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

The OP. of MV#1 states she was travelling eastbound on Washington Street and had the green light when MV#2 suddenly made a turn in front of her. She tried to swerve away to avoid the collision but they still collided together.

The OP. of MV#2 states she was on the westbound lane of Washington Street with intent to make a left turn towards Wales Street. The traffic light showed a green left arrow so she made the turn, that's when she collided with MV#1.

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