

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/14/2019	Time of Crash 07:34 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:							
95 EAST WASHINGTON ST Route# Direction Name of Roadway/Street At NORTH QUINOBEQUIN Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000088					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BOUCHER JOHN Address 13 S MAPLE AVE City ASBURNHAM State MA Zip 01430 Insurance Company UNION INSURANCE			Reg # S89344 Reg Type CON Reg State MA Veh Year 2017 Veh Make FORD ESCAPE Veh Config. 2 20 Owner CAB EAST LLC Address 2975 BRECKINRIDGE BLVD City DULUTH State GA Zip 30096 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved			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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CARLSON JUSTINE Address 59 FORRESTER RD City WAKEFIELD State MA Zip 01880 Insurance Company SAFETY INS			Reg # 5BH436 Reg Type PAN Reg State MA Veh Year 2016 Veh Make VOLK Veh Config. 1 20 Owner VW CREDIT LEASING LTD Address 1401 FRANKLIN BLVD City LIBERTYVILLE State IL Zip 60048 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved			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 4 4 0 0 5 1									

Crash Narrative:

On 1/14/2019 at approx 07:34 Hrs. while assigned to 497 I responded to the area of Washington ST and 128 for a report of a two car collision w/o injury. Upon arrival I met with the operators of Ma Reg S89344 John BOUCHER and Ma Reg 5BH436 Justine CARLSON. BOUCHER was travelling E/B on Washington St , slowing for traffic when struck from behind by CARLSON.

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 <input type="text" value="35"/>	
Address _____		City _____	St _____ Zip _____
US DOT #: _____		State Number _____	Issuing State _____ ICC #: _____ Interstate <input type="text" value="36"/>
Cargo Body Type Code <input type="text" value="37"/>	Gross Vehicle Weight <input type="text" value="38"/>		
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length <input type="text" value="39"/>
Hazmat Information:			
Placard <input type="text" value="40"/>	Material 1 digit # <input type="text" value="41"/>	Material Name _____	Material 4 digit # _____ Release code <input type="text" value="42"/>