

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 01/22/2019	Time of Crash 06:47 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
EAST Route# Direction Name of Roadway/Street At NORTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000097							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LOVE ABIGAIL Address 204 BACON STREET City E NATICK State MA Zip 01760 Insurance Company LIBERTY MUTUAL			Reg # 246TN8 Reg Type PAN Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 1 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 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N							
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 99 0 0 5 1 NONE							
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			1							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator GANGA CHANDRA Address 43 DAKOTA ST (apt. 2) City DORCHESTER State MA Zip 02124 Insurance Company LM GENERAL			Reg # 898WS7 Reg Type PAN Reg State MA Veh Year 2013 Veh Make CADI Veh Config. 1 20 Owner GANGA BHOWANIE Address 43 (apt. 2) DAKOTA ST City DORCHESTER State MA Zip 02124 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N							
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/Non-Motorist See Above --- --- 99 4 99 0 0 5 1 NONE							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

2150 Washington St

NOT TO SCALE

WASHINGTON ST

I-95 OFF RAMP

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:

MV1 operator states she was driving Eastbound on Washington St when MV2 attempted to cross intersection, resulting in collision.

MV2 operator states she had pulled up to the stop sign from the I-95 off ramp and was allowed to enter into the first lane of traffic. She then states the operator of MV1 slowed her vehicle down and then began to cross the second lane of traffic. This resulted in a collision of both vehicles.

No injuries were reported on scene. Both vehicles were able to be driven away.

I then cleared without further incident.

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