

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/23/2019	Time of Crash 07:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:	
NORTH TREMONT ST				
Route# Direction	Name of Roadway/Street	Route# Direction	Address # Name of Roadway/Street	
At				
WAVERLY RD		_____ Feet N S E W of _____ • _____ or _____		
Route# Direction	Name of Intersecting Roadway/Street	Mile Marker Exit Number		
Also at Intersection with		_____ Feet N S E W of _____		
		Route# Intersecting Roadway/Street		
Route# Direction	Name of Intersecting Roadway/Street	Landmark		

<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000100
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License # --- St MA DOB/Age -- --	Reg # 103151 Reg Type SPN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2014 Veh Make FORD Veh Config. 2 20
Operator RICE CLAIRE E Endorsment _____	Owner JSC TRANSPORTATI _____
Address 15 FOWLER ST	Address 224 CALVARY STREET
City N. RANDOLPH State MA Zip 02368	City WALTHAM State MA Zip 02452
Insurance Company NATIONAL INTERSTATE	Vehicle Action Prior to Crash 2 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 23 24 24 25
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 1 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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		
AKINWANDE, AKINJIDE	203 COUNTRY CLUB RD NEWTON, MA 02459	-----	M	4	1	4	4	0	0	5	1	
KAUNDINYA, ACHINTYA	59 PLAYSTEAD RD NEWTON, MA 02465	-----	M	9	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
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License # --- St MA DOB/Age -- --	Reg # 6PAR70 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2016 Veh Make HOND Veh Config. 1 20
Operator HAWKINS ABIGAIL Endorsment _____	Owner HAWKINS EDWARD _____
Address 16 INDIAN RIDGE RD	Address 16 INDIAN RIDGE RD
City SUDBURY State MA Zip 01776	City SUDBURY State MA Zip 01776
Insurance Company LIBERTY	Vehicle Action Prior to Crash 2 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 23 24 24 25
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 20 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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	4	4	0	0	5	1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Waverly Rd

Tremont St

MV1

MV2

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 was stopped at a red light north on Tremont St at Waverly Ave. MV2 was stopped behind MV1. MV2 reached for something and her foot slipped off the gas and she bumped the rear of MV1. All parties agreed that it was a tap from behind and that there was no damage to either MV. However, there were 2 special needs students on the van that go to NNHS. Amb1 responded and obtained refusals from both parents who responded to the scene. I took pictures of both MVs and TOT IT.

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