

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/26/2019	Time of Crash 10:59 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:				
SOUTH CRAFTS ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
WEST NORTH ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000112		
License # --- St MA DOB/Age ---			Reg # 816WNH Reg Type PAN Reg State MA			Veh Year 2002 Veh Make HONDA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator LOPEZ MARTIR			Owner (Same as operator)					
Address 22 HOLMES ST (apt. 2)			City ALLSTON State MA Zip 02134			Insurance Company NORFOLK DEDHAM					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Event Sequence 1 22 22 22 22 2 21			Damaged Area Code: (Circle Up to Three)		
Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Vehicle Action Prior to Crash 2 21			Event Sequence 1 22 22 22 22 2 21		
Please fill out for operator and all occupants involved			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			Operator		
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 # 1LM926 Reg Type PAN Reg State MA			Veh Year 2006 Veh Make VOLKS Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator TU JEREMIAH K			Owner (Same as operator)					
Address 141 CLARK ST			City WALTHAM State MA Zip 02453			Insurance Company LM GENERAL					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Event Sequence 1 22 22 22 22 2 21			Damaged Area Code: (Circle Up to Three)		
Most Harmful Event 1 23			Driver Contributing Code 20 24 24			Vehicle Action Prior to Crash 2 21			Event Sequence 1 22 22 22 22 2 21		
Please fill out for operator and all occupants involved			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			Operator		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

craft st north st

Unit 1 Unit 2

NOT TO SCALE

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:

ON 1-26-19 AT APPROX. 1059HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF NORTH AND CRAFT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS STOPPED AT THE RED LIGHT ON NORTH ST HEADING W-BOUND WHEN HE WAS REAR ENDED BY VEHICLE #2. VEHICLE #2 STATES HE WAS TRAVELING W-BOUND ON NORTH APPROACHING CRAFT ST. DRIVER STATES HE GOT DISTRACTED WHEN HIS GPS SUDDENLY DIED. WHILE TRYING TO GET IT TO WORK HE TOOK HIS FOOT OF THE BRAKE AND HIT VEHICLE #1 IN THE REAR. VEHICLE #1 HAD REAR LEFT SIDE DAMAGE. VEHICLE #2 HAD FRONT RIGHT DAMAGE. BOTH VEHICLES WERE STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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