

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/28/2019	Time of Crash 11:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 10 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 ELLIOT ST Route# Direction Name of Roadway/Street At EBOYLSTON ST 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 190000115					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____ Operator PAOLETTI ANTONETTE Address 450 CENTRAL AVE City NEEDHAM State MA Zip 02494 Insurance Company SAFETY INS.			Reg # 1ST424 Reg Type PAN Reg State MA Veh Year 2014 Veh Make MINI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 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 Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator See Above ----- 1 4 99 0 0 4 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 99 19 CDL _____ Operator REYES JANYSSA M Address 223 HUNTINGTON AVE. City HYDE PARK State MA Zip 02136 Insurance Company GOV'T EMPLOYEE INS.			Reg # 9PC848 Reg Type PAN Reg State MA Veh Year 2018 Veh Make JEEP Veh Config. 2 20 Owner UNIVERSAL LEASIN VEHICLE ASSET Address 9401 (apt. 140) JAMES AVE SO. City BLOOMINGTON State MN Zip 55431 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Citation # (If Issued) T1441213 Violation 1: Ch A7/17 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist See Above ----- 1 4 99 0 0 5 1									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

RT 9 EAST

ELLIOT 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:

Veh #1 stated she was driving from Elliot St. to Rt 9 East ramp when she was stopped waiting to merge. She started and then stopped because it was not safe to proceed when veh #2 struck her from behind. Moderate damage to veh #1. Operator was checked out by Ambulance #1 for a complaint of neck pain and signed a patient refusal.

Veh #2 stated she was also merging on Rt 9 East when veh #1 in front of her stopped and she didn't have time to. Light damage to veh #2. Operator of veh#2 was cited in hand Mass #T1441213 for N.C.O. 19/75-Failure to use care in stopping.

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