

Police Use Only						Commonwealth of Massachusetts								RMV Document Number						
Date of Crash 01/30/2019	Time of Crash 08:50 24HR		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:				
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:										
CHRISTINA ST																				
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street														
NORTH GODDARD ST						Feet N S E W of . or Mile Marker Exit Number														
Route# Direction Name of Intersecting Roadway/Street 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 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000120										
License # --- St MA DOB/Age ---						Reg # 8BN179 Reg Type PAN Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2016 Veh Make SUBA Veh Config. 1 20								
Operator BOCZKOWSKI ELIZABETH Last First Middle						Owner (Same as operator) Last First Middle						Address City State Zip Insurance Company GEICO								
Vehicle Travel Direction: N S E X Responding to Emergency?						Event Sequence 1 22 22 22 22 2 Damaged Area Code: (Circle Up to Three)						Citation # (If Issued)								
Violation 1: Ch Sec Violation 2: Ch Sec						Most Harmful Event 1 23						Driver Contributing Code 1 24 24 Underride/Override Towed N								
Violation 3: Ch Sec Violation 4: Ch Sec						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 ----- - - - - - 1 4 4 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 XX DOB/Age ---						Reg # 31K220 Reg Type PAN Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2001 Veh Make TOY Veh Config. 1 20								
Operator AJIBOLA OLAPEMI Last First Middle						Owner AJIBOLA AYODEJI Last First Middle						Address 212 GATEHOUSE DR City MEDFIELD State MA Zip 02052								
Insurance Company GOVT INS						Vehicle Action Prior to Crash 2 21						Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency?						Event Sequence 1 22 22 22 22 2						G 10 Undercarriage 5 11 Totalled								
Citation # (If Issued)						Most Harmful Event 1 23						Driver Contributing Code 7 24 24 Underride/Override Towed Y								
Violation 1: Ch Sec Violation 2: Ch Sec						Please fill out for operator and all occupants involved														
Violation 3: Ch Sec Violation 4: Ch Sec						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:

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 slowing as she approached the stop sign at Christina St. She began sliding due to the icy roads. MV2 began sliding down the road and rear ended MV1.

Goddard St was very icy at the time of the MVA.

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