

Police Use Only		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	RMV Document Number	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At				NORTH 153 CONCORD ST Route# Direction Address # Name of Roadway/Street Feet N S E W of 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				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 1900000153					
License # --- St MA DOB/Age ---				Reg # 342GK1 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL				Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20							
Operator BETTANO RICHARD J				Owner (Same as operator)							
Address 111 JERSEY ST				Address							
City BOSTON State MA Zip 02215				City State Zip							
Insurance Company CITIZENS INSURANCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency?				Event Sequence 20 22 22 22 22 2							
Citation # (If Issued)				Most Harmful Event 20 23							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 13 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y 6							
Please fill out for operator and all occupants involved				13 20							
Name (Last First Middle) Address				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				Operator See Above							
Please Select One of the Following:				<input type="checkbox"/> Vehicle #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 DOB/Age ---				Reg # --- Reg Type --- Reg State ---							
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Year --- Veh Make --- Veh Config. 20							
Operator ---				Owner ---							
Address ---				Address ---							
City --- State --- Zip ---				City --- State --- Zip ---							
Insurance Company ---				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 2							
Citation # (If Issued)				Most Harmful Event 23							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed ---							
Please fill out for operator and all occupants involved				13 20							
Name (Last First Middle) Address				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				Operator/Non-Motorist See Above							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div>
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Crash Narrative:

The OP. of MV#1 states he was travelling northbound on Concord Street. He is familiar with the road and the medians but due to the rain and the glare it caused with his eye glasses, he miscalculated the curb of the median and struck 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 Issuing Authority Code 35
Carrier Name _____		
Address _____ City _____ St _____ Zip _____		
US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36		
Cargo Body Type Code 37	Gross Vehicle Weight 38	
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39		
Hazmat Information:		
Placard 40	Material 1 digit # 41	Material Name _____ Material 4 digit # _____ Release code 42