

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/07/2019	Time of Crash 05:50 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:	
CENTRE ST				
Route# Direction	Name of Roadway/Street	Route# Direction	Name of Roadway/Street	
At				
EAST	WASHINGTON ST	_____ 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	_____ 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 1900000154
--	----------------------------------	--------------------------------	------------------------

License # --- St CT DOB/Age -- --	Reg # 981YJX Reg Type PAN Reg State CT
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2007 Veh Make NISS Veh Config. 1 20
Operator JOHNSON JANE S Endorsment _____	Owner (Same as operator) _____
Address 45 CONGRESS DR	Address _____
City AMSTON State CT Zip 06231	City _____ State _____ Zip _____
Insurance Company PLYMOUTH ROCK	Vehicle Action Prior to Crash 5 21
Vehicle Travel Direction: N S E X Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
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 Y

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	NONE

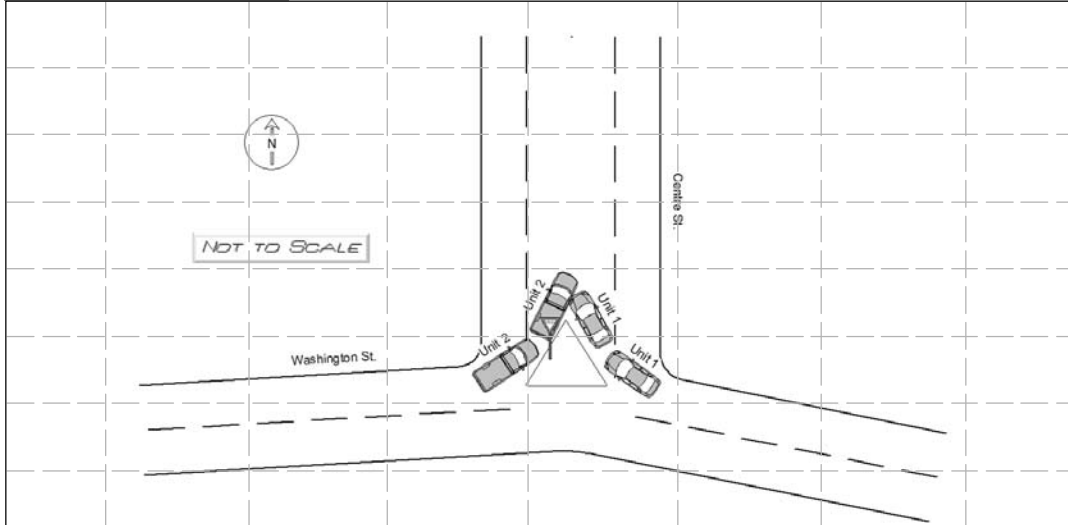
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants	<input type="checkbox"/> Non-Motorist A Type 14	Action 15	Location 16	Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
-------------------------------------	--	---	-----------	-------------	--------------	----------------------------------	--------------------------------

License # --- St MA DOB/Age -- --	Reg # S15313 Reg Type CON Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2015 Veh Make GMC Veh Config. 2 20
Operator GRIFF DAVID Middle	Owner ENVIRONMENTAL S
Address 46 ANCONA (apt. 2)	Address 6 HOWARD IRELAND DR
City WORCESTER State MA Zip 01604	City ATTLEBORO State MA Zip 02703
Insurance Company LIB MUTUAL	Vehicle Action Prior to Crash 5 21
Vehicle Travel Direction: N S X W Responding to Emergency? _____	Event Sequence 1 22 1 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 18 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	NONE

→ 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:

At approximately 0550HRS on Thursday, February 07, 2019, I was dispatched to the intersection of Washington St. at Centre St. for a report of a two car MVA. Upon arrival, I spoke with the operator of MV1 (CT Pass: 981YJX) who stated she was in the rotary and was attempting to switch lanes by the concrete island to enter I90 Eastbound. As she did so, she collided with MV2. I then spoke with the operator of MV2 (MA Con: S15313) who stated that he was attempting to change lanes and enter Centre St. Northbound by the concrete island. As he attempted to do so, he yielded at the sign on the concrete island and when he did not see any oncoming traffic, he attempted to proceed and collided with MV1. I observed damage to the left fender, left front bumper/hood area and left front wheel area of MV1 and damage to the right door of MV2. MV2 was removed from the scene by Todys Services (NPD Towed MV Form completed/filled). Both parties stated they were

(Continued on next page)

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 35

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

→ 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:

uninjured, I assisted in exchanging information and cleared without incident.

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 35

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