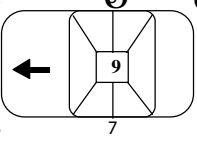
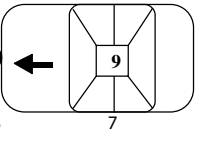
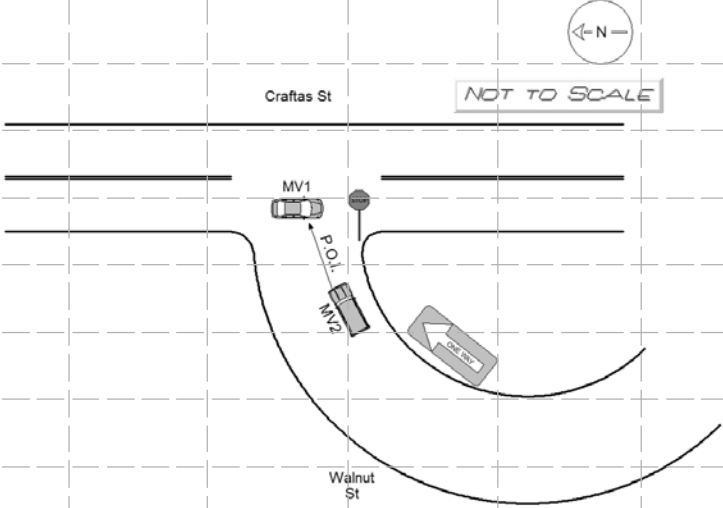


Police Use Only						Commonwealth of Massachusetts								RMV Document Number			
Date of Crash 02/07/2019	Time of Crash 06:56 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> 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 Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark													
NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with 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 1900000155											
License # --- St MA DOB/Age --- CDL --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 Endorsement Operator MANLEY JENNIFER Address 1850 COMMONWEALTH AVE (apt. 21) City BRIGHTON State MA Zip 02135 Insurance Company LM GENERAL Vehicle Travel Direction: N X E W Responding to Emergency?_____ Citation # (If Issued)_____ Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____ Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____				Reg # 9HS235 Reg Type PAN Reg State MA Veh Year 2015 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 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 Y 													
Please fill out for operator and all occupants involved				13													
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 99 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 --- CDL --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 Endorsement Operator MBIMEH PAUL Address 48 WESTMINSTER ST City HYDE PARK State MA Zip 02136 Insurance Company GOVT EMPLOYEE Vehicle Travel Direction: X S E W Responding to Emergency?_____ Citation # (If Issued) T1272032 Violation 1: Ch 89/9 Sec ____ Violation 2: Ch ____ Sec ____ Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____				Reg # 8EW754 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 19 24 Underride/Override 25 Towed N 													
Please fill out for operator and all occupants involved				13													
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 ----- - - - 1 4 99 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:

MV1 stated she was travelling s/b on Crafts St when MV2 "t-boned me" causing damage to the passenger side. MV1 reported no injuries and called for a private tow.

MV2 stated he was travelling n/b on Walnut St and "pulled out too far at the stop sign" subsequently striking MV1 causing minor damage to the front of their vehicle. MV2 reported no injuries, did not require a tow and was cited for 89/9 Stop Sign.

### 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