

Police Use Only						Commonwealth of Massachusetts								RMV Document Number						
Date of Crash 02/12/2019	Time of Crash 13:54	City/Town <b>NEWTON</b>				<b>Motor Vehicle Crash Police Report</b>						Number Vehicles 2	Number Injured 0	Speed Limit <b>25</b> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:					
<b>AT INTERSECTION:</b>						< LOCATION >	<b>NOT AT INTERSECTION:</b>													
																29				
EAST GIBBS ST																210				
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number										311				
NORTH SUMNER ST																				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street Landmark														
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 1900000173										
License # --- St MA DOB/Age ---- Reg # 31H650 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2015 Veh Make HONDA Veh Config. 1 20 Operator MELO CESARINA Owner (Same as operator) Last First Middle Address City DORCHETER State MA Zip 02124 Insurance Company LIBERTY MUTUAL Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed Y						121								
Vehicle Travel Direction: Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						12345678910 Undercarriage 11 Totaled						13								
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 4 0 0 5 1
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 2 1 Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped														
License # --- St MA DOB/Age ---- Reg # 1JY379 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2016 Veh Make MERZ Veh Config. 1 20 Operator MEYER ALBERT Owner (Same as operator) Last First Middle Address City NEWTON State MA Zip 02459 Insurance Company LIBERTY MUTUAL Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)						Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed N						13								
Vehicle Travel Direction: Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						12345678910 Undercarriage 11 Totaled						13								
Please fill out for operator and all occupants involved																				Operator/Non-Motorist See Above ----- - - - 1 4 4 0 0 5 1
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																			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

GIBBS ST

MV#1

MV#2

SUMNER ST

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:**

OPER OF MV#1 STATED THAT SHE WAS STOPPED (EB) ON GIBBS ST ST, AT THE STOP SIGN, WHEN MV#2 EMERGED FROM SUMNER ST, STRIKING HER VEHICLE.

OPER OF MV#2 STATED THAT HE WAS TRAVELLING (NB) ON SUMNER ST, WHEN MV#1 WENT THROUGH THE STOP SIGN ON GIBBS ST, STRIKING HIS VEHICLE.

MV#1 WAS TOWED WITH MODERATE FRONT DAMAGE.

MV#2 SUSTAINED A FRONT RIGHT FLAT TIRE AND MINOR FRNDER DAMAGE.

**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