

Police Use Only			Commonwealth of Massachusetts										RMV Document Number										
Date of Crash 02/21/2019	Time of Crash 17:49 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:										
NORTH CENTRE ST																							
Route# Direction Name of Roadway/Street At CYPRESS ST			Route# Direction Address # Name of Roadway/Street																				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number																				
Route# Direction Name of Intersecting Roadway/Street			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 190000207														
License # --- St MA DOB/Age --- Reg # 749DH3 Reg Type PAN Reg State MA																							
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____														Veh Year 2009 Veh Make HYUNDAI Veh Config. 1 20									
Operator HAROUTUNIAN LUSINE														Owner (Same as operator)									
Address 204 EDENFIELD AVE														Address _____									
City WATERTOWN State MA Zip 02472														City _____ State _____ Zip _____									
Insurance Company STANDARD FIRE INS														Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? _____														Event Sequence 1 22 22 22 22 2 23 4									
Citation # (If Issued) _____														Most Harmful Event 1 23 1 24 24 10 Undercarriage 11 Totaled									
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 N									
Please fill out for operator and all occupants involved																							
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																							
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 # 39DR82 Reg Type PAN Reg State MA																							
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____														Veh Year 2010 Veh Make HONDA Veh Config. 1 20									
Operator GERMAIN ALEXANDRA														Owner (Same as operator)									
Address 44 VERNDAL RD														Address _____									
City NEWTON State MA Zip 02461														City _____ State _____ Zip _____									
Insurance Company LIBERTY MUTUAL INS														Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? _____														Event Sequence 1 22 22 22 22 2 23 4									
Citation # (If Issued) _____														Most Harmful Event 1 23 1 24 24 10 Undercarriage 5 11 Totaled									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____														Driver Contributing Code 5 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved																							
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																							

→ 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 traveling Northbound on Centre St., slowing down at the stop sign at the intersection of Cypress St., when she was struck in the rear of her vehicle by MV2.

MV2 was traveling Northbound on Centre St. approaching Cypress St. when she struck MV1 in the rear. The operator of MV2 stated she didn't have enough time to react when MV1 was stopping.

All parties signed patient refusals, and both vehicles were able to drive away from the scene safely.

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