

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 02/21/2019	Time of Crash 18:43 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:						
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:											
												2							
Route# Direction Name of Roadway/Street At				EAST 808 BEACON ST Route# Direction Address # Name of Roadway/Street								2							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker or Exit Number								10							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								11							
Route# Direction Name of Intersecting Roadway/Street				Landmark								2							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000208													
License # --- St CT DOB/Age ---				Reg # AK19367 Reg Type PC Reg State CT				Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Endorsment				Veh Year 2015 Veh Make VOLVO Veh Config. 1 20							
Operator CURLEY EMILY Last First Middle				Owner CURLEY WILLIAM Last First Middle				Address 17 LEE RD				Address 63 SADDLE RIDGE RD							
City NEWTON State MA Zip 02467				City WILTON State CT Zip 06897				Insurance Company AMERICAN INTERNATIONAL				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22				Most Harmful Event 1 23				Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec				Diagram: 10 Undercarriage 11 Totaled							
Please fill out for operator and all occupants involved														13					
Name (Last First Middle) Operator				Address See Above				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							
										99 4 99 0 0 5 1									
Please Select One of the Following:														1					
<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 # 57FS32 Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Endorsment				Veh Year 2005 Veh Make LEXUS Veh Config. 1 20							
Operator SIDHOM SERAPHIMA Last First Middle				Owner SIDHOM NEVEEN Last First Middle				Address 360 NORTH AVE				Address 360 NORTH AVE							
City WESTON State MA Zip 02493				City WESTON State MA Zip 02493				Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22				Most Harmful Event 1 23				Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y							
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec				Diagram: 10 Undercarriage 11 Totaled							
Please fill out for operator and all occupants involved														13					
Name (Last First Middle) Operator/Non-Motorist				Address See Above				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							
										99 4 99 0 0 5 1									

→ 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>

Crash Narrative:

The operator of MV1 was traveling Eastbound on Beacon St. when she stopped at a crosswalk for a pedestrian to cross and was struck in the rear by MV2.

The operator of MV2 was traveling Eastbound on Beacon St. when MV1 came to a stop and she struck MV1 in the rear. She stated she didn't have enough time to react but pressed her brakes down all the way until they locked up and she ultimately struck the vehicle.

All parties reported no injuries. MV1 sustained minor damage and was able to be driven away from the scene safely. MV2 sustained moderate/heavy front end damage and was towed from the scene by Tody's.

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
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