

Police Use Only			Commonwealth of Massachusetts				RMV Document Number	
Date of Crash 03/02/2019	Time of Crash 08:38 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

AT INTERSECTION:			<	LOCATION	>	NOT AT INTERSECTION:				
									2	9
									2	10
									1	11

<input checked="" type="checkbox"/> Vehicle 1	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number	1900000224
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License # <u>---</u> St <u>MA</u> DOB/Age <u>----</u>		Reg # <u>167VF8</u> Reg Type <u>PAN</u> Reg State <u>MA</u>										
Sex <u>F</u> Lic. Class <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">D</td><td style="padding: 2px 5px;">18</td><td style="padding: 2px 5px;">18</td></tr></table> Lic. Restrictions <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">99</td><td style="padding: 2px 5px;">19</td></tr></table> CDL <u> </u>	D	18	18	99	19	Veh Year <u>2003</u> Veh Make <u>CHEV</u> Veh Config. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">2</td><td style="padding: 2px 5px;">20</td></tr></table>	2	20				
D	18	18										
99	19											
2	20											
Operator <u>CHARROUX</u> <u>HANNAH</u> <u>R</u> <small>Last First Middle</small>		Owner <u>ALPHONSE</u> <u>CHERYL</u> <u>A</u> <small>Last First Middle</small>										
Address <u>4 CRESCENT DR</u>		Address <u>4 CRESCENT DR</u>										
City <u>N.DARTMOUTH</u> State <u>MA</u> Zip <u>02747</u>		City <u>N.DARTMOUTH</u> State <u>MA</u> Zip <u>02747</u>										
Insurance Company <u>METROPOLITAN PROP</u>		Vehicle Action Prior to Crash <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">1</td><td style="padding: 2px 5px;">21</td></tr></table> Damaged Area Code: (Circle Up to Three)		1	21							
1	21											
Vehicle Travel Direction: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">N</td><td style="padding: 2px 5px;">S</td><td style="padding: 2px 5px;"><input checked="" type="checkbox"/> W</td></tr></table> Responding to Emergency? <u> </u>		N	S	<input checked="" type="checkbox"/> W	Event Sequence <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">20</td><td style="padding: 2px 5px;">22</td><td style="padding: 2px 5px;">22</td><td style="padding: 2px 5px;">22</td><td style="padding: 2px 5px;">22</td><td style="padding: 2px 5px;">22</td></tr></table>		20	22	22	22	22	22
N	S	<input checked="" type="checkbox"/> W										
20	22	22	22	22	22							
Citation # (If Issued) <u> </u>		Most Harmful Event <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">22</td><td style="padding: 2px 5px;">23</td></tr></table>		22	23							
22	23											
Violation 1: Ch <u> </u> Sec <u> </u> Violation 2: Ch <u> </u> Sec <u> </u>		Driver Contributing Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">99</td><td style="padding: 2px 5px;">24</td><td style="padding: 2px 5px;">24</td></tr></table>		99	24	24						
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Violation 3: Ch <u> </u> Sec <u> </u> Violation 4: Ch <u> </u> Sec <u> </u>		Underride/Override <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">25</td></tr></table> Towed <u>Y</u>		25								
25												

7	12
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[illegible]

Please Select One of the Following:	<input type="checkbox"/> Vehicle	____#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 _____ DOB/Age _____ Sex _____ Lic. Class <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>18</td><td>18</td></tr></table> Lic. Restrictions <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>19</td></tr></table> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	18	18	19	N	S	E	W	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>20</td></tr></table> Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>21</td></tr></table> Event Sequence <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>22</td></tr></table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>22</td></tr></table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>22</td></tr></table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>22</td></tr></table> Most Harmful Event <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>23</td></tr></table> Driver Contributing Code <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>24</td></tr></table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>24</td></tr></table> Underride/Override <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>25</td></tr></table> Towed _____	20	21	22	22	22	22	23	24	24	25
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Damaged Area Code: (Circle Up to Three)

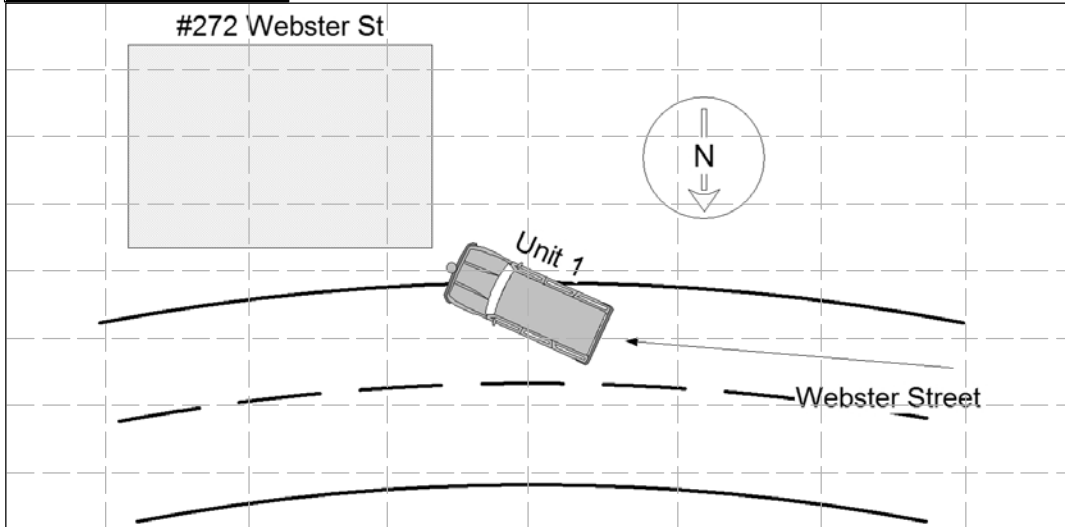
2	3	4
1	9	5
8	7	6

 10 Undercarriage
 11 Totalled

[illegible]

→ 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:

Operator #1 stated that she was traveling east on Webster St when her MV began to swerve in the snow and she couldn't control it. MV#1 then struck the curb and a telephone pole. MV towed 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
, VERIZON,	272 WEBSTER ST NEWTON, MASSACHUSETTS 0		4	TELEPHONE POLE STRUCK, NO OBVIOUS DAMA

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