

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/06/2019		Time of Crash 08:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1 1	CENTRE ST												2
	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10
	WEST HOMER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					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 _____							11
2 1	Route# Direction Name of Intersecting Roadway/Street												1
	3	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000240								
4 1	License # --- St MA DOB/Age ---					Reg # 4XV934 Reg Type PAN Reg State MA							
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					Veh Year 2016 Veh Make SUBARU Veh Config. 2 20							
	Operator ROSENBLATT PATRICIA Last First Middle					Owner (Same as operator) Last First Middle							
5	Address 287 LANGLEY RD (apt. 47)					Address _____							
	City NEWTON State MA Zip 02459					City _____ State _____ Zip _____							
	Insurance Company UNITED SERVICES					Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
6 1	Vehicle Travel Direction: N S E W Responding to Emergency? _____					Event Sequence 23 22 22 22 22 2 3 4							
	Citation # (If Issued) _____					Most Harmful Event 23 23 1 9 5 11 Totaled							
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 12 24 9 24 25 Towed N							
7 3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____							
	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												
8 1	Operator See Above												
9 3	Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" 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 ---					Reg # _____ Reg Type _____ Reg State _____							
	Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____					Veh Year _____ Veh Make _____ Veh Config. 20							
10 1	Operator CITY OF NEWTON Last First Middle					Owner _____ Last First Middle							
	Address 1000 COMMONWEALTH AVE					Address _____							
	City NEWTON State MA Zip 02459					City _____ State _____ Zip _____							
11 1	Insurance Company _____					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: N S E W Responding to Emergency? _____					Event Sequence 22 22 22 22 2 3 4							
	Citation # (If Issued) _____					Most Harmful Event 23 23 1 9 5 11 Totaled							
12 1	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 24 24 25 Towed _____							
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____							
	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:

11 Homer Street

parking sign

Homer Street

Centre St

NOT TO SCALE

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 # 1 stated she was driving NB on Centre Street and was turning left onto Homer Street. During the turn she was reaching for something in her car and turned into snow bank and struck a city pole with a parking restriction sign on it. Traffic Officer Wade took photos.

No tows. No citations

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS		3	SIGN POLE

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