

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 03/04/2019	Time of Crash 16:10 24HR	City/Town NEWTON	Number Vehicles 2		Number Injured 0	Speed Limit <u>50</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:					
<div>1 EAST BOYLSTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>WOODWARD ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>2 Route# Direction Address # Name of Roadway/Street</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</div> <div>Mile Marker _____ Exit Number _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000246			
License # --- St MA DOB/Age ---			Reg # 78PK34		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____			Veh Year 2010		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator GLASGOW KEVERIE			Owner (Same as operator)							
Address 348 GENEVA AVE			Address _____							
City DORCHESTER State MA Zip 02122			City _____ State _____ Zip _____							
Insurance Company METROPOLITAN			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		<div>2 3 4</div> <div>10 Undercarriage</div> <div>5 11 Totaled</div> <div>1 2 3 4 5 6 7 8 9</div>					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> 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			99 4 99 0 0 5 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---			Reg # 7NBD80		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____			Veh Year 2012		Veh Make FORD		Veh Config. <u>1</u> <u>20</u>			
Operator BERGSTROM KRISTEN			Owner (Same as operator)							
Address 168 PLEASANT ST			Address _____							
City ARLINGTON State MA Zip 02476			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash <u>5</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		<div>2 3 4</div> <div>10 Undercarriage</div> <div>5 11 Totaled</div> <div>1 2 3 4 5 6 7 8 9</div>					
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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			99 99 99 0 0 5 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

On Wednesday, March 6th 2019, at approximately 16:10 hours, I took a report at the front desk for a past motor vehicle accident, which occurred two days ago. The operator of vehicle 1 was the one that came to the station to report it. He stated he was travelling eastbound on Boylston St in the middle of three lanes. Vehicle 1 was travelling up to the traffic signals at the intersection of Woodward St. He stated vehicle 2 was in the far right lane, and tried to change lanes, all the way to the far left lane. The drivers side of vehicle 2 side swiped the passenger side of vehicle 1. There was minor damage to the passenger side of vehicle 1. The operator of vehicle 1 stated vehicle 2 did not immediately stop, and he had to follow her to the CVS at 978 Bolyston St. No one was injured due to the accident.

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 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