

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/07/2019	Time of Crash 08:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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>11Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 570 CENTRE STREET 210Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street 211Feet N S E W of Landmark</div>							
<div>3<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>			Case Number 1900000248							
<div>41License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HAYES TRACY L Endorsment Address 77 WYMAN STREET City WABAN State MA Zip 02468 Insurance Company SAFETY</div>			<div>12Reg # 314WT3 Reg Type PAS Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed Y</div>							
<div>5Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec</div>			<div>13Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility Operator See Above ----- --- 1 4 99 0 0 5 1 <div>71Please 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</div><div>81License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator APPLEBAUM SYDNEY Endorsment Address 45 BUSWELL PARK City NEWTON State MA Zip 02458 Insurance Company STANDARD FIRE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec</div></div>							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

		If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
		Indicate North by Arrow

Crash Narrative:

OPERATOR OF MV 1 STATED SHE WAS TRAVELING NORTHBOUND ON CENTRE STREET AND WAS SUDDENLY REAR ENDED BY MV 2 WHO WAS TRAVELING BEHIND MV 1. MODERATE DAMAGE SUSTAINED TO THE REAR BUMPER OF MV 1 AND NO INJURIES WERE REPORTED. THE VEHICLE WAS TOWED PRIVATELY BY PERFECTION.

OPERATOR OF MV 2 STATED SHE WAS TRAVELING BEHIND MV 1 AND ADMITTED TO CRASHING INTO MV 1'S BUMPER. MODERATE DAMAGE SUSTAINED TO MV 2 AND NO INJURIES WERE REPORTED.

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