

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/09/2019	Time of Crash 13:03 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: <input type="checkbox"/>	

AT INTERSECTION:		< LOCATION >	NOT AT INTERSECTION:	
EAST BEACON ST				
Route#	Direction	Name of Roadway/Street		
At				
NORTH CHESTNUT ST				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000258
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License # --- St MA DOB/Age -- --	Reg # 834ZXA Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____	Veh Year 2013 Veh Make BMW Veh Config. 1 20
Operator ALVARY PAULA	Owner (Same as operator)
Address 41 SUFFOLK RD	Address _____
City WELLESLEY State MA Zip 02481	City _____ State _____ Zip _____
Insurance Company STANDARD FIRE	Vehicle Action Prior to Crash 2 21
Vehicle Travel Direction: N S X W Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 1 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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	2	

Please 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
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License # --- St MA DOB/Age -- --	Reg # BB1124 Reg Type PAS Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____	Veh Year 2018 Veh Make JEEP Veh Config. 1 20
Operator AMOROSINO ALEXA	Owner AMOROSINO JR JOSEPH CHARLES
Address 141 MOFFAT RD	Address 141 MOFFAT RD
City NEWTON State MA Zip 02468	City NEWTON State MA Zip 02468
Insurance Company ARBELLA	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N S X W Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 19 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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	4	99	0	1	5	1	

→ 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:**

Mv#1 operator was on Beacon St E/B waiting on a green light to turn on Chestnut N/B. Mv#2 operator was directly behind #1, proceeded straight ahead when the light turned green and rear ended #1. #1 stated she may have been injured without specifying where she may have been hurt other than experiencing a headache. Medics responded and a patient refusal was signed. Both vehicles sustained minor damage, rear end and front end, respectively.

**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

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