

Police Use Only						Commonwealth of Massachusetts								RMV Document Number						
Date of Crash 03/10/2019	Time of Crash 13:57	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:					
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:										
Route# Direction Name of Roadway/Street						WEST 897 WASHINGTON ST														
At						Route# Direction Address # Name of Roadway/Street														
						Feet N S E W of • or Exit Number														
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker														
Also at Intersection with						Route# Intersecting Roadway/Street														
						Landmark														
Vehicle 1 Occupants						Hit/Run		Moped		Case Number 190000262										
License # St MA DOB/Age Reg # 463PE4 Reg Type PAN Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Endorsment Veh Year 2010 Veh Make TOYT Veh Config. 1 20														
Operator KARP AUDRA Last First Middle						Owner (Same as operator) Last First Middle														
Address 49 FIRTH RD						Address														
City ROLINDALE State MA Zip 02131						City State Zip														
Insurance Company PLYMOUTH ROCK						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)														
Vehicle Travel Direction: N S E X Responding to Emergency?						Event Sequence 1 22 22 22 22 ② 3 4														
Citation # (If Issued)						Most Harmful Event 1 23 ① ← 9 10 Undercarriage 5 11 Totalled														
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						Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility														
Operator See Above						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility														
Please Select One of the Following:						Vehicle 2 Occupants		Non-Motorist A Type		Action Location Condition		Hit/Run Moped								
License # St MA DOB/Age Reg # 73475 Reg Type PAN Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Endorsment Veh Year 2017 Veh Make LNDR Veh Config. 2 20														
Operator BEST ELIZABETH Last First Middle						Owner (Same as operator) Last First Middle														
Address 27 GARRISON RD						Address														
City WELLESLEY State MA Zip 02482						City State Zip														
Insurance Company COMMERCE						Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)														
Vehicle Travel Direction: N X E W Responding to Emergency?						Event Sequence 1 22 22 22 22 2 3 4														
Citation # (If Issued)						Most Harmful Event 1 23 1 ← 9 10 Undercarriage 5 11 Totalled														
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 Y														
Please fill out for operator and all occupants involved						Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility														
Operator/Non-Motorist See Above						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility														

→ 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:

M/V 1 TRAVELING WEST ON WASHINGTON ST APPROACHING 897 WASHINGTON ST. M/V 2 WAS EXITING DRIVEWAY ONTO WASHINGTON ST. M/V 1 HAD RIGHT OF WAY AND M/V2 STRUCK M/V 1 , NO INJURIES .M/V 3 IN DIAGRAM IS A PARKED VEHICLE. M/V 2 WAS TOWED AWAY BY TODY'S DUE TO EXCESSIVE DAMAGE.

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 <input type="text" value="35"/>
Address _____ City _____ St _____ Zip _____	
US DOT #: _____	State Number _____ Issuing State _____ ICC #: _____ Interstate <input type="text" value="36"/>
Cargo Body Type Code <input type="text" value="37"/>	Gross Vehicle Weight <input type="text" value="38"/>
Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length <input type="text" value="39"/>	
Hazmat Information:	
Placard <input type="text" value="40"/>	Material 1 digit # <input type="text" value="41"/> Material Name _____ Material 4 digit # _____ Release code <input type="text" value="42"/>