

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|---|--|--------------------------------|--|------------------------|---------------------|---|--|---|
| Date of Crash 03/13/2019 | Time of Crash 08:49 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 GLEN AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street | | | Route# 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 Feet N S E W of _____ Landmark | | | | | | | 9 2 10 2 11 3 | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 1900000280 | | | | |
| License # --- St MA DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GRANT CHRISTINE Last First Middle Address 54 GRAYCLIFF RD City NEWTON State MA Zip 02459 Insurance Company PURE | | | Reg # 8420DY Reg Type PAN Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 2 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled | | | | | | | 12 1 | |
| Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Please fill out for operator and all occupants involved | | | | | | | 13 1 | |
| 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 3 4 0 0 5 1 | | | | | | | | |
| 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 |
| License # --- St MA DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator HSIUNG DORA Last First Middle Address 95 WARREN ST City NEWTON State MA Zip 02459 Insurance Company LIBERTY MUT Vehicle Travel Direction: X S E W Responding to Emergency? _____ Citation # (If Issued) T1440994 Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Reg # 62ZZ58 Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBURU Veh Config. 2 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled | | | | | | | | |
| Please 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/Non-Motorist See Above ----- --- 1 4 4 0 0 5 1 | | | | | | | | | | | |

→ 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:

OPER OF MV#1 STATED THAT WHILE TRAVELLING ON BEACON ST (EB) , MV#2 EMERGED FROM GLEN AVE STRIKING HER VEHICLE.

OPER OF MV#2 STATED THAT SHE WAS STOPPED ON GLEN AVE AT BEACON ST. OPER OF MV#2 STATED THAT SHE DID NO NOT SEE AN ONCOMING MV#1 AND PULLED OUT OF GLEN AVE, STRIKING MV#1.

BOTH VEHICLES TOWED FROM THE SCENE WITH HEAVY FRONT/SIDE DAMAGE.

OPER OF MV#2 WAS CITED FOR MGL 89/9 FAIL TO STOP AND PROCEED SAFELY.

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