

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/16/2019		Time of Crash 19:34 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:						9	
NORTH PARK ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST 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								2	10
1 4				2 1								11	4
3				Vehicle 1 1 #Occupants Hit/Run Moped Case Number 190000295								12	1
4 3				License # --- St MA DOB/Age --- Reg # P93979 Reg Type CON Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator ETHERIDGE WILLIAM D Owner KOPE COMPANY Address 417 AUBURN ST (apt. R) Address 1076 CHESNUT ST City NEWTON State MA Zip 02466 City NEWTON State MA Zip 02464 Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S X W Responding to Emergency? Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Citation # (If Issued) Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	1
5 1				Please fill out for operator and all occupants involved								13	1
6 1				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 ----- --- 1 4 4 0 0 5 1								13	1
7 4				Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped								13	1
8 4				License # --- St MA DOB/Age --- Reg # 8WP388 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator EPSTEIN RACHEL Owner (Same as operator) Address 43 DARTMOUTH ST (apt. 1) Address City SOMMERSVILLE State MA Zip 02145 City _____ State _____ Zip _____ Insurance Company USAA Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: N S X W Responding to Emergency? Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Citation # (If Issued) Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	1
8 4				Please fill out for operator and all occupants involved								13	1
8 4				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 ----- --- 1 4 4 0 0 5 1								13	1

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

St. James Street

Park Street

Washington St

Unit 1

Unit 2

P.O.I.

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:

Operator of MV1 stated he had got off the Mass Pike at exit 17, heading Eastbound on Washington Street. As he was heading Eastbound, operator of MV 1 stated MV2 crossed lanes and struck the passenger door.

Operator of MV2 stated while traveling Eastbound on Washington Street, she was in the 2nd lane from the left, heading toward St. James Street when MV1 struck the driver side of the vehicle.

MV1 had minor damage to the passenger door. MV2 had significant damage to the driver side front and rear door, along with a flat front driver side tire.

Both operators were checked by the medics and signed refusals. MV2 was towed by Tody's towing.

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