

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/20/2019	Time of Crash 16:32 24HR	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: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH Route# Direction Name of Roadway/Street At EAST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Centre St Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000304		
License # --- St NH DOB/Age ---			Reg # 4415797			Reg Type PAN			Reg State NH		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make SUBA			Veh Config. 2 20		
Operator BRETT EMILY Last First Middle			Owner MORGAN CHASE B Last First Middle								
Address 71 MARDEN RD			Address PO BOX 901098								
City WILTON State NH Zip 03086			City FORTH WORTH State TX Zip 76101								
Insurance Company AAA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # --- St MA DOB/Age ---										Reg # 6NZ857	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Reg Type PAN	
Veh Year 2018										Reg State MA	
Veh Make CHEV										Veh Config. 1 20	
Operator RIZVI SYED Last First Middle										Owner (Same as operator) Last First Middle	
Address 140 ARSENAL ST										Address _____	
City WATERTOWN State MA Zip 02472										City _____ State _____ Zip _____	
Insurance Company PROGRESSIVE										Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 1 22 22 22 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										2 3 4	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										1 23	
Driver Contributing Code 5 24 24										10 Undercarriage	
Underride/Override 25 Towed N										5 11 Totaled	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Centre St

Colby Rd

Unit 1

Unit 2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N ↓

Crash Narrative:

Both vehicle 1 and 2 were traveling north on Centre St. Vehicle 1 stated a car in front came to a abrupt stop and turned left onto Colby Rd with no turn signal causing vehicle 1 to slam on breaks. Vehicle 2 did have enough reaction time to and rear ended vehicle 1.

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