

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/22/2019		Time of Crash 11:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
CENTRE ST BRIDGE													
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street							
At						Feet N S E W of _____ or _____							
WASHINGTON ST						Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____							
Also at Intersection with						Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street						Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000310							
License # --- St MA DOB/Age ---						Reg # 139-PB7 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						Veh Year 2016 Veh Make BMW Veh Config. 2 20							
Operator BUNDY LAUREN T						Owner CLOETINGH JEFFREY							
Address 101 SUMMIT ST (apt. D)						Address 101 (apt. D) SUMMIT ST							
City BROOKLINE State MA Zip 02446						City BROOKLINE State MA Zip 02446							
Insurance Company GOVT EMPLOYEES						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							
Citation # (If Issued) _____						Most Harmful Event 1 23 1 9 10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 9 24 24 5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N 8 7 6							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address 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						1							
Operator See Above													
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 ---						Reg # RSS-475 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____						Veh Year 2015 Veh Make HONDA Veh Config. 2 20							
Operator SOLOMON ELENA						Owner SOLOMON GARRY							
Address 4 CORTLAND DR						Address 4 CORTLAND DR							
City HUDSON State MA Zip 01749						City HUDSON State MA Zip 01749							
Insurance Company COMMERCE						Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> 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							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 1 24 24 5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N 8 7 6							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address 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						1							
Operator/Non-Motorist See Above													

→ 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:

OPERATOR #1 REPORTS THAT SHE WAS ON THE CENTRE ST BRIDGE IN THE THIRD LANE WHICH IS FOR LEFT TURN ONLY. SHE WAS ATTEMPTING TO GO STRAIGHT AHEAD TOWARDS CENTRE ST WHEN VEHICLE #2 TURNED LEFT IN FRONT OF HER CAUSING A CRASH. OPERATOR #1 FURTHER REPORTED SHE DIDN'T REALIZE TILL AFTERWARDS SHE WAS IN THE WRONG LANE.

THE LANE MARKINGS ON THE BRIDGE ALERTING DRIVERS AS TO WHAT THE PROPER LANES TO BE IN FOR WASHINGTON ST AND CENTRE ST SHOULD ALSO BE VISIBLE PRIOR TO THE TRAFFIC LIGHTS AT THIS INTERSECTION.

OPERATOR #2 REPORTS THAT SHE WAS IN THE FOURTH LANE ON THE CENTRE ST BRIDGE WHICH IS FOR TRAFFIC TO EITHER TURN LEFT TO WASHINGTON ST OR FOR STRAIGHT AHEAD FOR CENTRE ST. SHE WAS TURNING LEFT TOWARDS WASHINGTON ST W/B WHEN VEHICLE #1 WENT STRAIGHT AHEAD CAUSING THE CRASH.

VEHICLE #1 WAS IN THE WRONG LANE FOR THE DIRECTION SHE WAS HEADING. VEHICLE #2 WAS IN THE PROPER LANE FOR

(Continued on next page)

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

