

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/23/2019	Time of Crash 16:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29WEST 300 WASHINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet NSEW of or Exit Number</div> <div>4Feet NSEW of</div> <div>11Route# Intersecting Roadway/Street</div> <div>4Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000313			
License # --- St FL DOB/Age ---			Reg # KXTA74		Reg Type PAN		Reg State FL			
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2019		Veh Make NISSAN		Veh Config. 1 20			
Operator XU LIYAN			Owner (Same as operator)							
Address 5212 NW 79TH AVE			Address							
City DORAL State FL Zip 33166			City		State		Zip			
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		6					
Please fill out for operator and all occupants involved										
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			
Operator See Above			-----		1 4 4 0 0 5 1		NONE			
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg #		Reg Type		Reg State			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year		Veh Make		Veh Config. 20			
Operator _____			Owner							
Address			Address							
City _____ State _____ Zip _____			City		State		Zip			
Insurance Company			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
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Please fill out for operator and all occupants involved										
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			
Operator/Non-Motorist See Above			-----		1 4 4 0 0 5 1		NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ⊕ Pedestrian

ie: → 1    → 2    → ⊕

**Crash Diagram:**

Washington Street

300 Washington St

I-90 WB ramp

P.O.I.

MV2

MV1

NOT TO SCALE

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 that at approximately 1600hrs, she was traveling westbound on Washington Street in the Newton Corner rotary, when her vehicle was struck by another vehicle travelling in the same direction. MV1 sustained minor damage to the passenger side front bumper. Operator of MV1 said that the other vehicle got onto the Mass Pike westbound on ramp. She was unable to get a license plate or any information except that it was a brown or gold sedan. She declined medical attention and the vehicle was able to be driven from the scene.

**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

LAUREN MARIE DRAGONE      NEWTON POLICE DEPT      03/23/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00