

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/28/2019		Time of Crash 16:20 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:						9	
WEST COMMONWEALTH AVE												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH HAMMOND ST													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____									
Also at Intersection with				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								11	
				Landmark								2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000325							
License # --- St MA DOB/Age ---				Reg # 3KV999 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2006 Veh Make HONDA Veh Config. 1 20									
Operator MUNGER CAROLINE A				Owner MUNGER STEVEN								12	
Address 10 WAMSUTTA DR				Address 10 WAMSUTTA DR									
City N ATTLEBOROUGH State MA Zip 02760				City N ATTLEBOROUGH State MA Zip 02760									
Insurance Company GOVT EMPLOYEE INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				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 # 6WL832 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20									
Operator BETTERNCOURT AMBER T				Owner (Same as operator)									
Address 1 AMBERS WAY				Address _____									
City EDGARTOWN State MA Zip 02539				City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 22 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				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/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 of MV1 stated she was stopped at a red light facing Westbound at the intersection of Commonwealth ave at Hammond St. when she was rear ended by MV2. The operator of MV2 stated she was traveling Westbound on Commonwealth ave when she attempted to break at the intersection of Commonwealth ave at Hammond St. but couldn't because her brakes failed colliding with MV1.

MV1 sustained moderate rear end damage. MV2 sustained moderate front end damage. No injuries. MV2 was towed by Tody's on scene and a towed motor vehicle form was filled out in regards.

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

JUSTIN MARCH **NEWTON POLICE DEPT.** **03/28/2019**

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

CDP1 11 -24:00