

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 04/07/2019		Time of Crash 17:49 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:																																																																						
<div><div>SOUTH SAINT JAMES ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Landmark</div></div>																																																																								
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→ 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:**

On 04/07/2019, at 1749 hrs, I responded to the intersection of Saint James St and Washington St for a two car MVA. Upon arrival, I observed MV1 to have damage to its front end and MV2 to have damage to its rear end caused by a rear end accident. The operator of MV1 stated she was looking over her shoulder while merging onto Washington St and rear ended MV2. The operator of MV2 stated she slowed as she was merging onto Washington St when she was rear ended by MV1. No injuries were reported and both vehicles were 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