

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/09/2019		Time of Crash 14:49 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 5	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	
MILL ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
WALNUT ST						Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street _____						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark _____						2	
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000357					
License # --- St MA DOB/Age ---				Reg # 139SB7		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011		Veh Make GMC		Veh Config. 1 20					
Operator LEONE SAVITREE MICHELLE				Owner LEONE STEVEN									12
Address 12 OMAR TERRACE				Address 12 OMAR TERRACE									
City NEWTON State MA Zip 02460				City NEWTON		State MA		Zip 02460					
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E 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 24 24		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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				---		---							
LEONE, DYLAN 12 OMAR TERRACE NEWTON, MA 02460				---		M 3 1 4 99 0 0 9 1							
LEONE, SOPHIA 12 OMAR TERRACE NEWTON, MA 02460				---		F 4 1 4 99 0 0 9 1							
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 # 8DL333		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2006		Veh Make HONDA		Veh Config. 1 20					
Operator ZOLIT CHARLOTTE				Owner (Same as operator)									
Address 32 COMMONWEALTH PARK				Address _____									
City NEWTON State MA Zip 02459				City _____		State _____		Zip _____					
Insurance Company AMICA MUTUAL INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		2 24 24		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 2 24 24		Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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:

The operator of MV1 (ma reg 139SB7) stated she was traveling NB on Walnut street when she came to a stop in front of Mill St. Operator of MV1 stated she was stopped to let a vehicle exit out of Mill St when her vehicle was rear ended.

The operator of MV2 (ma reg 8DL333) stated she was traveling NB on Walnut St when she failed to stop in time and hit MV1. Operator of MV2 stated she did not give herself enough time to stop and her vehicle struck the rear of MV1.

Mv1 had minor damage to the rear bumper and significant damage to the undercarriage and exhaust. Mv2 had heavy front end damage. Todys was called to the scene to tow MV2. Mv1 was able to drive away from the scene safely.

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

