

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/15/2019		Time of Crash 13:28 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 0 TROY LA Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000380			
License # _____ St MA DOB/Age _____				Reg # S72207				Reg Type CON		Reg State MA			
Sex M Lic. Class B 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016				Veh Make RAM		Veh Config. 13 20			
Operator GATTO CARLOS				Owner (Same as operator)								12	
Address 32 STACEY RD				Address _____									
City MARLBORO State MA Zip 01752				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N X E W] Responding to Emergency? _____				Event Sequence 20 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 35 23				1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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												20	
Operator See Above				99 4 99 0 0 10 1									
7 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 # 99072				Reg Type TRN		Reg State MA			
Sex M Lic. Class B 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 00				Veh Make KAUFMAN		Veh Config. 8 20			
Operator GATTO CARLOS				Owner (Same as operator)									
Address 32 STACEY RD				Address _____									
City MARLBORO State MA Zip 01752				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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				99 5 99 0 0 10 1									

→ 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:

Mv#1 (truck) operator with Mv#2 (car trailer attached) was attempting to turn around on the dead end cul de sac on Troy Lane. The passenger side rear end of the trailer struck the vinyl fence abutting the back yard property owner of 41A Helene Rd. Damage appears minor to the end lower support post area and back yard birm between the fence and curbing.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SOO HOO, KIT CHING,	41A HELENE RD NEWTON, MASSACHUSETTS 0	617-244-5707	97	FENCE AND GRASSY BACKYARD BIRM AREA

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