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|---|--------------------------------|---------------------|--|--|--|---|---------------------|---|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
| Date of Crash 04/23/2019 | Time of Crash 09:02 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: | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | NORTH 27 WALNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____ | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190000404 | |
| License # _____ St MA DOB/Age _____ | | | Reg # 103113 | | | Reg Type SPN | | | Reg State MA | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2015 | | | Veh Make DODGE | | | Veh Config. 2 20 | |
| Operator BERRY SYBIL | | | Owner JSC TRANSPORTATI | | | | | | | |
| Address 45 MOODY ST (apt. 213) | | | Address 224 CALVARY STREET | | | | | | | |
| City WALTHAM State MA Zip 02453 | | | City WALTHAM State MA Zip 02452 | | | | | | | |
| Insurance Company NATIONAL INTERSTAT | | | 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 9 | | | 5 11 Totalled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 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 See Above | | | 1 4 99 0 0 10 1 | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 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 # 1FM168 | | | Reg Type PAN | | | Reg State MA | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2013 | | | Veh Make VOLK | | | Veh Config. 1 20 | |
| Operator LEVIN BENJAMIN D | | | Owner (Same as operator) | | | | | | | |
| Address 1011 GREENDALE AVE | | | Address _____ | | | | | | | |
| City NEEDHAM State MA Zip 02492 | | | City _____ State _____ Zip _____ | | | | | | | |
| Insurance Company METROPOLITAN PROP | | | 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 | | | 2 3 4 | | | 10 Undercarriage | |
| Citation # (If Issued) T1443891 | | | Most Harmful Event 1 23 | | | 1 9 | | | 5 11 Totalled | |
| Violation 1: Ch A7/2 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 | | | 1 4 99 0 0 10 1 | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 1

Unit 2

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 vehicle one stated that while stopped in traffic north bound on Walnut St near number 27 her vehicle was rear ended by vehicle one. Operator of vehicle two stated that while driving north bound on Walnut St near number 27 his foot came off the clutch pedal causing his vehicle to rear end vehicle one. Neither vehicle had damage and both vehicles did not require tows. Neither operator stated that they were injured. I took photos of both vehicles and forward the disk to the NPD's IT bureau. I cited the operator of vehicle two for a violation of City of Newton Ordinance 19/71 , following to close. Walnut St is a public way in the city of Newton.

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