

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/23/2019		Time of Crash 20:34 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 105 GRANT AVE 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 _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														
3				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000409				
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company LIBERTY MUTUAL				Reg # 94GV50 Reg Type PAN Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. [1] [20] Owner LEMIEUX CELESTE Address 68A CONANT RD City LINCOLN State MA Zip 01773 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 2 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 11 Totaled Underride/Override [25] Towed Y								12		
5				Vehicle Travel Direction: [N] [X] [E] [W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				1						
6				Please fill out for operator and all occupants involved				2						
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														
7				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]		
8				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
License # --- St MA DOB/Age --- Sex F Lic. Class [D] [18] [18] Lic. Restrictions [B] [19] CDL _____ Operator WHITE ELEANOR Address 106 SUMNER ST City NEWTON State MA Zip 02459 Insurance Company UNITED SERVICES				Reg # 779ZY8 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. [2] [20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [1] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [99] [24] [24] 11 Totaled Underride/Override [25] Towed Y								13		
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Operator/Non-Motorist See Above														

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Vehicle #1 was parked in front of 105 Grant St. and unoccupied when it was struck from behind by Vehicle #2. Vehicle #2 was traveling southbound on Grant St. when they stated they didn't see Vehicle #1 and struck Vehicle #1 from behind.

Vehicle #1 had moderate damage to the rear of the vehicle and was unable to be driven. Vehicle #2 had moderate damage to the front and was unable to be driven. Both Vehicle #1 and 2 were towed away by Tody's towing.

Operator of Vehicle #2 stated she had wrist pain and was evaluated by medics. Operator of Vehicle #2 was evaluated and signed a patient refusal and declined any additional medical attention.

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