

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/06/2019	Time of Crash 10:59 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>EAST</div><div>CHURCH ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>ELDREDGE 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 Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000459			
License # --- St MA DOB/Age ---			Reg # 2H7713		Reg Type MCN		Reg State MA			
Sex F Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2018		Veh Make URAL		Veh Config. 3 20			
Operator TOMPKINS NANCY Last First Middle			Owner (Same as operator)		First Middle					
Address 27 BROOKS AVE			Address		First Middle					
City NEWTON State MA Zip 02466			City		State Zip					
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 2 22 22 22 22		9		10 Undercarriage 11 Totaled			
Citation # (If Issued)			Most Harmful Event 2 23		1					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 12 24 24		8					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		7 6					
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		-----		5 4 4 0 0 10 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # 3VYM20		Reg Type PAN		Reg State MA			
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2018		Veh Make SUBARU		Veh Config. 2 20			
Operator Last First Middle			Owner COBB POLYXANE S		Last First Middle					
Address			Address 140 LEXINGTON AVE		First Middle					
City State Zip			City CAMBRIDGE		State MA Zip 02138					
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 1 22 22 22 22		2		10 Undercarriage 11 Totaled			
Citation # (If Issued)			Most Harmful Event 1 23		1					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		7 6					
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		-----		5 4 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Church St

Eldridge St

Unit 1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Oper of motorcycle (Vehicle #1) stated she was traveling WB on Church Street and while going through intersection at Eldridge Street she moved to the right because of on coming vehicle. She underestimated the size of her sidecar on the motorcycle and sideswiped vehicle #2 which was parked on Church Street.

A note was left on vehicle # 2 informing her about report.

Sidecar wasn't added to diagram because it is not an option.

No injuries. No tickets.

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