

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/08/2019	Time of Crash 10:12 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
WEST MILL ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								
NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
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 190000470		
License # --- St MA DOB/Age ---			Reg # 8FZ522 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make TOYOTA Veh Config. 2 20								
Operator LUNDWALL LISA Last First Middle			Owner (Same as operator) Last First Middle								
Address 56 CIRCUIT AVE			Address _____								
City NEWTON State MA Zip 02461			City _____ State _____ Zip _____								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 1 22 1 22 1 22			9			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event 1 23			1					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 19 24			8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			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			-----			1 4 4 0 0 10 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 # 7DV531 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20								
Operator PATTISON LISA Last First Middle			Owner (Same as operator) Last First Middle								
Address 336 CABOT ST			Address _____								
City NEWTONVILLE State MA Zip 02460			City _____ State _____ Zip _____								
Insurance Company CITIZENS INS			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 1 22 1 22 1 22			2			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event 1 23			1					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 1 24			8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			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			-----			1 4 4 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Walnut St

Mill St

Unit 2

Unit 1

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:**

Lisa Pattison was operating vehicle #2. Pattison states that she was struck from behind while at the stop sign on Mill St. at Walnut St.

Lisa Lundwall was operating vehicle #1. Lundwall was unable to answer any questions. Lundwall appeared to be suffering from a medical emergency. I called Lundwall's father with her cell phone, who stated that he lives in Utah and Lisa has no medical issues. Lundwall is a dog walker and had 3 dogs in her vehicle. Cataldo responded and took Lundwall to NWH. Tody's transported the vehicle and dogs to Rotherwood Animal Hospital on Winchester St. The staff at Rotherwood and Sgt. O'Connell called the dog owners to make arrangements for their return. Tody's towed Lundwall's vehicle.

**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