

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 05/09/2019	Time of Crash 15:45 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:						
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:											
Route# Direction Name of Roadway/Street At						WEST 320 WASHINGTON ST Route# Direction Address # Name of Roadway/Street															
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of . or Mile Marker Exit Number															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street															
						Landmark															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000476											
License # --- St MA DOB/Age ---						Reg # 1AB918 Reg Type PAN Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment									
Operator KATHRYN GREENE Last First Middle						Owner (Same as operator) Last First Middle						Veh Year 2014 Veh Make SUB Veh Config. 1 20									
Address 14 EVERETT ST (apt. 4)						Address						City BOSTON State MA Zip 02122									
Insurance Company USAA CASUALTY						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 22 22 22						Most Harmful Event 1 23									
Citation # (If Issued)						Driver Contributing Code 1 24 24						Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						10 Undercarriage 11 Totaled									
Operator See Above						99 4 4 0 0 10 1						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 # 925WP2 Reg Type PAN Reg State MA						Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment									
Operator KUPRIS JOHN Last First Middle						Owner (Same as operator) Last First Middle						Veh Year 2014 Veh Make TOYT Veh Config. 1 20									
Address 21 LAWRENCE ST						Address						City WOBURN State MA Zip 01801									
Insurance Company COMMERCE						Vehicle Action Prior to Crash 4 21						Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E X Responding to Emergency?						Event Sequence 1 22 22 22 22						Most Harmful Event 1 23									
Citation # (If Issued)						Driver Contributing Code 99 24 24						Underride/Override 25 Towed N									
Violation 1: Ch Sec Violation 2: Ch Sec																					
Violation 3: Ch Sec Violation 4: Ch Sec																					
Please fill out for operator and all occupants involved						Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						10 Undercarriage 11 Totaled									
Operator/Non-Motorist See Above						99 99 4 0 0 99 99						1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WASHINGTON STREET

Crowne Plaza Hotel

Unit 2

Unit 1

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:**

The operator of vehicle 1 MA REG: 1AB918 stated she was traveling West on Washington Street and did not see vehicle 2 MA REG: 925WP2 at all until she crashed into the rear driver side of it. This caused major damage to vehicle 1 and minor damage to vehicle 2.

Both drivers exchanged information and the operator of vehicle 2 left the area. The operator of vehicle 1 remained there to speak with police and wait for a private tow company.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
DELANEY, HOLLY,	,	-----	Y

**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