

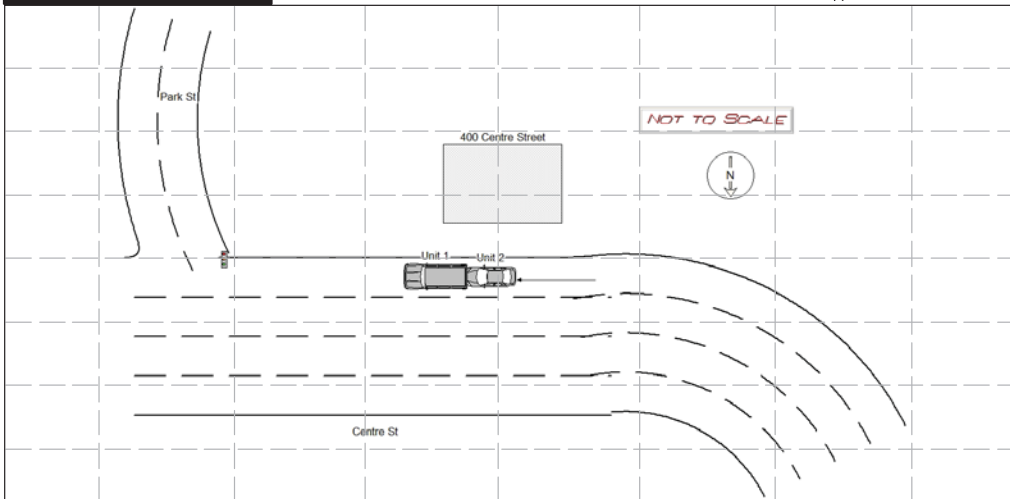
Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 05/15/2019	Time of Crash 09:48 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 400 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____ Feet [N S E W] of _____ 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 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000492	
License # --- St MA DOB/Age ---			Reg # RT73FM Reg Type PAS Reg State MA			Veh Year 2017 Veh Make AUDI Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			First Middle				
Operator MILLER ANNE Last First Middle			Address			City State Zip				
Address 668 WASHINGTON ST			City BOSTON State MA Zip 02135			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company COMMERCE			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage 11 Totaled	
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Citation # (If Issued) _____			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			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 --- 99 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 # 1EKT30 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make SUBARU Veh Config. 1				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			First Middle				
Operator MILLER GEOFFREY D Last First Middle			Address			City State Zip				
Address 21 EAST WALNUT ST			City MILFORD State MA Zip 01757			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company USAA CASUALTY INS			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage 11 Totaled	
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____			Driver Contributing Code 5 24 24			Underride/Override 25 Towed N				
Citation # (If Issued) _____			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			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 --- 99 4 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

Oper #1 stated she was stopped in traffic at 400 Centre Street waiting to turn onto Park Street when she was rear ended by vehicle # 2.

Vehicle # 2 stated he rear ended vehicle # 1.

No tows.

No injuries.

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

MICHAEL D BOUDREAU

NEWTON POLICE DEPART

05/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date