

Police Use Only		Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 05/17/2019	Time of Crash 07:44 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:	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:									
EAST LEWIS ST Route# Direction Name of Roadway/Street At WEST NEWTONVILLE AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000499								
License # --- St MA DOB/Age ----- Reg # 8YXL20 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement Veh Year 2018 Veh Make HONDA Veh Config. 2 20 Operator MANLEY KELLEY L Owner (Same as operator) Address City Newton State MA Zip 02458 Insurance Company ARBELLA Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____ Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____				Event Sequence 1 22 22 22 22 ② 3 4 5 6 7 8 9 10 Undercarriage 11 Totalled Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three)										
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	1	99	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 # 619RM5 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement Veh Year 2012 Veh Make HOND Veh Config. 2 20 Operator PUDASAINI SURESH Owner (Same as operator) Address City EWATERTOWN State MA Zip 02472 Insurance Company GOVT EMPL 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 ____				Event Sequence 1 22 22 22 22 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totalled Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three)										
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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	3	99	0	0	10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <hr/> <p>Indicate North by Arrow</p> <div style="text-align: center; margin-top: 20px;"> </div>
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Crash Narrative:

m/v 1 traveling west on Newtonville ave approaching Lewis St. going straight. m/v2 traveling south on Lewis St entering traffic on Newtonville ave . M/v 1 had right of way.

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