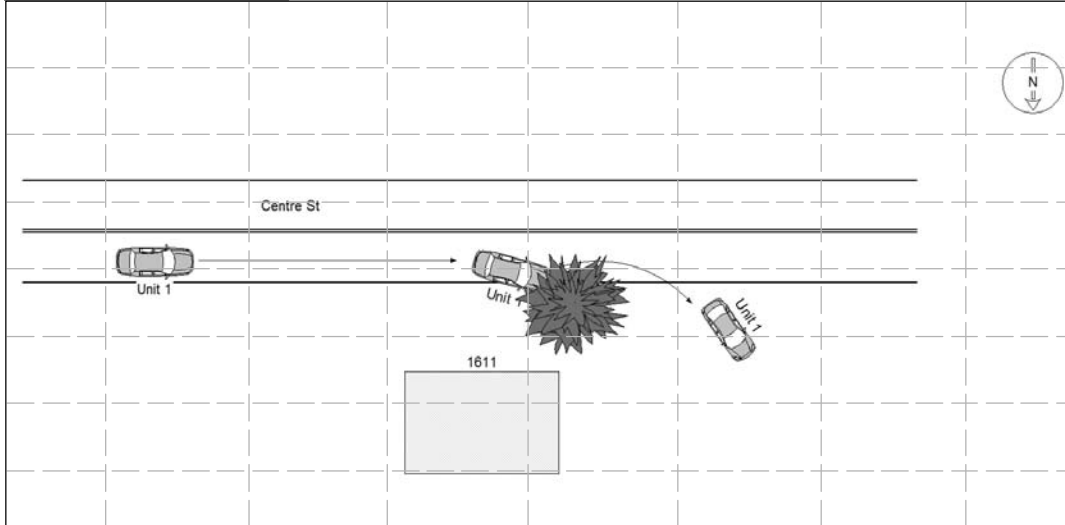


Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 05/24/2019	Time of Crash 11:52 24HR		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:									
																2			
Route# Direction Name of Roadway/Street At						WEST 1619 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number										10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										11			
Route# Direction Name of Intersecting Roadway/Street						Landmark										1			
<input checked="" type="checkbox"/> Vehicle 1_#Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000526										
License # --- St MA DOB/Age --- Reg # 1RRH11 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2001 Veh Make SUBARU Veh Config. 1 20 Operator YANOVSKY MIRIAM Last First Middle Owner (Same as operator) Last First Middle Address Address City NEWTON State MA Zip 02459 City State Zip Insurance Company NGM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)															12				
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 20 22 21 22 22 22 Most Harmful Event 21 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y															13				
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															20				
Operator See Above ----- - - - 1 4 4 0 0 10 1																			
Please Select One of the Following: <input type="checkbox"/> Vehicle _#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 # --- Reg Type --- Reg State --- Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment Veh Year --- Veh Make --- Veh Config. 20 Operator --- Last First Middle Owner --- Last First Middle Address Address City --- State --- Zip --- City State Zip Insurance Company Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: N S 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 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed ---																			
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																			
Operator/Non-Motorist See Above ----- - - -																			

→ 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:

Operator 1 stated she was traveling Westbound on Centre St when her front passanger side tire blew out. Operator 1 lost control of the vehicle and it struck a City tree in front of 1611 Centre St. Vehicle 1 sustained major damage and was towed by Tody's. There were no injuries.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	TREE

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

