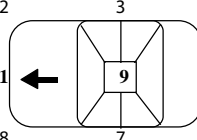
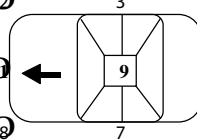
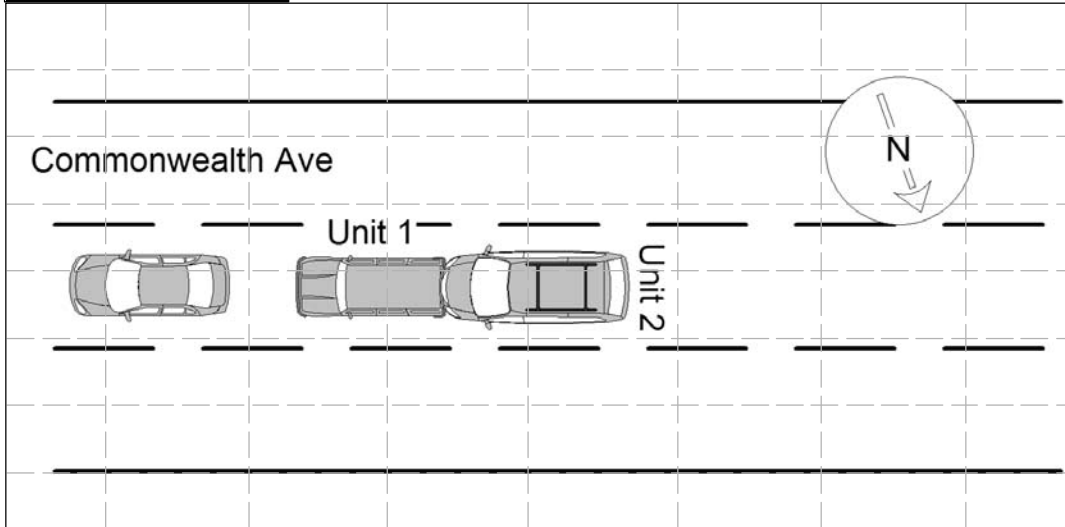


Police Use Only			Commonwealth of Massachusetts										RMV Document Number																
Date of Crash 05/28/2019	Time of Crash 07:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>													
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:																
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____										2 9																
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____										2 10																
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____										2 11																
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000541																				
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>54JA71</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Veh Year <u>2018</u> Veh Make <u>NISS</u> Veh Config. <u>2</u> <u>20</u> Operator <u>CHARLES</u> <u>JACQUES</u> _____ Owner <u>(Same as operator)</u> _____ Address <u>21 WEYET ST (apt. 8)</u> _____ City <u>MALDEN</u> State <u>MA</u> Zip <u>02148</u> _____ Insurance Company <u>METROPOLITAN</u> _____ Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>21</u> _____ Most Harmful Event <u>1</u> <u>23</u> _____ Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> _____ Underride/Override <u>25</u> Towed <u>Y</u> _____ Damaged Area Code: (Circle Up to Three) _____  10 Undercarriage 11 Totaled														12 1	
Please fill out for operator and all occupants involved														13 1															
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 _____																													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants														<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped									
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>RT33XG</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Veh Year <u>2004</u> Veh Make <u>TOYT</u> Veh Config. <u>2</u> <u>20</u> Operator <u>THURBER</u> <u>ELEANOR</u> <u>G</u> _____ Owner <u>TIERNEY</u> <u>ELIZABETH</u> <u>A</u> _____ Address <u>14 WINONA ST</u> _____ Address <u>14 WINONA STREET</u> _____ City <u>NEWTON</u> State <u>MA</u> Zip <u>02466</u> _____ City <u>AUBURNDALE</u> State <u>MA</u> Zip <u>02466</u> _____ Insurance Company <u>ARBELLA</u> _____ Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>1</u> <u>21</u> _____ Most Harmful Event <u>1</u> <u>23</u> _____ Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> _____ Underride/Override <u>25</u> Towed <u>Y</u> _____ Damaged Area Code: (Circle Up to Three) _____  10 Undercarriage 11 Totaled														13 1	
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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 _____																													

→ 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:

The operator of MV#1 stated he was stopped in traffic east bound on Commonwealth Ave(#1778) when MV#2 rear ended his MV.

The operator of MV#2 stated that she was also traveling east on Commonwealth Ave directly behind MV#1.

Operator stated she is not familiar with MV#2 and attempted to stop MV but that brake didn't respond as quickly as she expected it to. MV#2 then rear ended MV#1.

No injuries and MV#2 was towed by Todys.

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