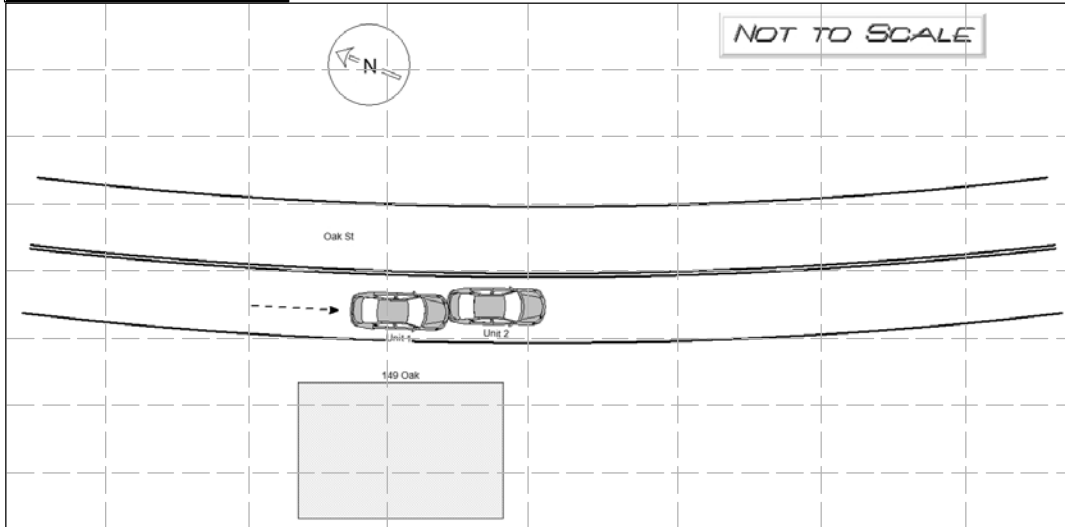


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/28/2019	Time of Crash 13:12 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>				
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 149 OAK ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____		Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000545							
License # _____ St MA DOB/Age _____			Reg # 7MR448		Reg Type PAN		Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009		Veh Make HONDA		Veh Config. 2 20							
Operator MILLER CAMERON W Endorsment _____			Owner MILLER TRACY											
Address 24 FERNCROFT RD			Address 24 FERNCROFT RD											
City NEWTON State MA Zip 02468			City NEWTON		State MA Zip 02468-1214									
Insurance Company ARBELLA			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		1 23		10 Undercarriage 11 Totaled							
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 19 24 24									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25		Towed Y									
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 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 # 6AK695		Reg Type PAN		Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make ACURA		Veh Config. 2 20							
Operator GREENBERG LAWRENCE J Endorsment _____			Owner (Same as operator)											
Address 63 GOULD RD			Address _____											
City NEWTON State MA Zip 02468			City _____		State _____ Zip _____									
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 23		10 Undercarriage 11 Totaled							
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25		Towed N									
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 99 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:

Based on statements and observations the following occurred:

Mv#1 was travelling straight ahead on Oak St S/B and rear ended Mv#2 that was stopped in traffic at #149 Oak St.

#1 operator wasn't paying attention to traffic stopped ahead of him, as a result wasn't able to stop in time, and rear ended #2. No injuries reported. #1 sustained significant front end damage. It was towed by Tody's. #2 appeared to sustain moderate rear end damage. #2 did not require towing and was driven away by the operator.

### 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