

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 05/29/2019		Time of Crash 09:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:																	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						NORTH 85 WABAN HILL RD NORTH 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																			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000549																	
License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Operator WRIGHT WALTER Last First Middle Address 20 OLCOTT ST City WATERTOWN State MA Zip 02472 Insurance Company LIBERTY MUTUAL Vehicle Travel Direction: X 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						Reg # N66063 Reg Type CON Reg State MA Veh Year 2010 Veh Make INTL Veh Config. 6 20 Owner BANC OF AMERICA Last First Middle Address BX 105578 City ATLANTA State GA Zip 30348 Vehicle Action Prior to Crash 97 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 10 Undercarriage Most Harmful Event 2 23 5 11 Totalled Driver Contributing Code 12 24 24 Underride/Override 25 Towed N																			
Please fill out for operator and all occupants involved						13																			
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:						14 Action 15 Location 16 Condition 17 Hit/Run Moped																			
<input checked="" type="checkbox"/> Vehicle 2 0 #Occupants						<input type="checkbox"/> Non-Motorist A Type																			
License # --- St DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Last First Middle Address City --- State --- Zip --- Insurance Company FIREMANS 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						Reg # R47026 Reg Type CON Reg State MA Veh Year 2015 Veh Make HINO Veh Config. 7 20 Owner DARTMOUTH BUIL Last First Middle Address 958 REED ROAD City N. DARTMOUTH State MA Zip 02747 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 10 Undercarriage Most Harmful Event 1 23 5 11 Totalled Driver Contributing Code 24 24 Underride/Override 25 Towed N																			
Please fill out for operator and all occupants involved						13																			
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:**

85 Waban Hill Road North

Waban Hill Road North

Veh # 2

Veh # 1

NOT TO SCALE

N

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 said he was backing out of his job site at 85 Waban Hill Road North with the help of his coworker. When he put the truck back into drive and pulled forward the rear of truck scratched Veh # 2 which was a delivery truck parked on the same job site.

Vehicle # 1 was Eversource truck. Eversource supervisor responded.

**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

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

Hazmat Information:

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code