

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/30/2019	Time of Crash 08:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 1508 WASHINGTON ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____					11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____		_____ Feet N S E W of _____ Landmark _____					2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000552				3
License # _____ St MA DOB/Age _____			Reg # 94NS38 Reg Type PAN Reg State MA		Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____					12	
Operator KULIG JENNIFER L			Owner (Same as operator)		Veh Year 2016 Veh Make TOY Veh Config. 2 20					1	
Address 505 POTTER RD			Address _____		City _____ State MA Zip 01762					5	
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 2 21		Event Sequence 1 22 22 22 22 2					13	
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24					1	
Citation # (If Issued) _____			Underride/Override 25		Towed Y					6	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Please fill out for operator and all occupants involved					7	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility			Operator See Above		Operator See Above					8	
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					1	
License # _____ St MA DOB/Age _____			Reg # 8BX669 Reg Type PAN Reg State MA		Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____					13	
Operator PHILLIPS IOLA D			Owner (Same as operator)		Veh Year 2012 Veh Make DODG Veh Config. 1 20					1	
Address 10 PROSPECT ST			Address _____		City _____ State MA Zip 02458					5	
Insurance Company ESURANCE			Vehicle Action Prior to Crash 1 21		Event Sequence 1 22 22 22 22 2					13	
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Most Harmful Event 1 23		Driver Contributing Code 4 24 24					1	
Citation # (If Issued) _____			Underride/Override 25		Towed Y					6	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Please fill out for operator and all occupants involved					7	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility			Operator/Non-Motorist See Above		Operator/Non-Motorist See Above					8	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

The diagram shows a multi-lane road with several vehicles. A north arrow points upwards. The road is labeled 'Washington Street'. Vehicles are labeled 'Unit 1' and 'Unit 2'. A pedestrian is shown on the right side of the road.

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 that she was stopped east bound in the area of #1508 Washington St in heavy stop & go traffic when her MV was rear ended by MV#2.

The operator of MV#2 stated she was also traveling east on Washington St directly behind MV#1 when her MV rear ended MV#1.

Operator #2 stated that she believes her MV insurance has been canceled, but a check through the RMV indicated it was presently active with Esurance.

**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