

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/31/2019	Time of Crash 11:55 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:									
1 1 BEACON ST Route# Direction Name of Roadway/Street At WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			2 9 2 10 11 2 Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
3 1 Vehicle 1 1 #Occupants			Hit/Run		Moped		Case Number 1900000556							
4 3 License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement Operator MCPHERSON CARMEN Address 27 MURPHY RD City NEEDHAM State MA Zip 02492 Insurance Company AMICA MUTUAL			12 1 Reg # 7YT276 Reg Type PAN Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled											
5 1 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 _____			13 1 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 See Above ----- --- 1 4 4 0 0 99 2 NEWTON-WELLESLEY											
7 2 Please Select One of the Following: Vehicle 2 1 #Occupants			Non-Motorist A Type 14		Action 15		Location 16		Condition 17		Hit/Run		Moped	
8 2 License # --- St MA DOB/Age -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement Operator MCCOMBE ERIK Address 179 LINWOOD ST City ABINGTON State MA Zip 02458 Insurance Company SAFETY INSURANCE 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 _____			13 1 Reg # T77206 Reg Type CON Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20 Owner ENTERPRISE FM TRI Address 600 CORPORATE PK DR City ST LOUIS State MO Zip 63105 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled											
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 ----- --- 1 4 4 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:**

Operator of MV1 stated while stopped at the red light, facing northbound on Walnut Street, MV2 struck the rear bumper of her vehicle.

Operator of MV2 stated while stopped in the right lane on Walnut Street facing northbound, behind MV2, he saw the left turn signal turn green and proceeded forward. As he proceeded forward he rear ended MV1.

MV1 had minor damage to the rear bumper. MV2 had minor damage to the front bumper.

Operator of MV1 stated she felt dizzy and was transported to Newton-Wellesley Hospital. MV1 was left at the Whole Foods Parking Lot, employees were notified.

**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