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|---|--|--|---|--|---|
| Police Use Only | | Commonwealth of Massachusetts | | RMV Document Number | |
| Police Use Only | Time of Crash 05/31/2019 14:26 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 |
| | | | | Number Injured 0 | Speed Limit 25 Latitude Longitude |
| AT INTERSECTION: | | | LOCATION | | |
| Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Route# Intersecting Roadway/Street | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Case Number 1900000559 | |
| License # --- St MA DOB/Age --- | | Reg # 8332YZ Reg Type PAN Reg State MA | | Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment | |
| Operator LONG JOHN A | | Owner (Same as operator) | | Veh Year 2014 Veh Make TOYT Veh Config. 2 20 | |
| Address 334 CRESCENT ST | | Address | | City WALTHAM State MA Zip 02451 | |
| Insurance Company COMMERCE | | 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 | | Most Harmful Event 1 23 | |
| Citation # (If Issued) | | Driver Contributing Code 1 24 24 | | Underride/Override 25 Towed Y | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Violation 3: Ch Sec Violation 4: Ch Sec | | 10 Undercarriage 11 Totaled | |
| 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 | | 0 4 4 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 | |
| License # --- St MA DOB/Age --- | | Reg # 8425104 Reg Type CON Reg State MA | | Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment | |
| Operator COLE LAURIE | | Owner POSTAL SERVICE UNITED STATES | | Veh Year 2018 Veh Make DODG Veh Config. 2 20 | |
| Address 525 WALTHAM ST. | | Address 575 WALTHAM ST | | City NEWTON State MA Zip 02465 | |
| Insurance Company UNKOWN | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | |
| Vehicle Travel Direction: N S E X Responding to Emergency? | | Event Sequence 1 22 22 22 22 | | Most Harmful Event 1 23 | |
| Citation # (If Issued) | | Driver Contributing Code 4 24 24 | | Underride/Override 25 Towed Y | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | Violation 3: Ch Sec Violation 4: Ch Sec | | 10 Undercarriage 11 Totaled | |
| 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 | | 1 4 4 0 0 10 1 | |

→ Direction

ie: → 1 → 2 →

1 = Vehicle 1

2 = Vehicle 2

○ Pedestrian

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 that he was traveling southbound on Parmenter Rd when MV#2 crashed into his MV from Elsworth Rd.

The operator of MV#2 stated that she stopped at the stop sign on Elsworth Rd at Parmenter Rd, though the roadway was clear and proceeded into the intersection striking MV#1.

No injuries, no tows.

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