

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/01/2019	Time of Crash 13:37 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 2	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:	
EAST BEACON ST				
Route#	Direction	Name of Roadway/Street		
At				
NORTH GRANT AVE				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		

<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000564
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License # --- St MA DOB/Age -- --	Reg # SX822 Reg Type MCN Reg State MA
Sex M Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL _____	Veh Year 2000 Veh Make HD Veh Config. 3 20
Operator FREEDMAN JEFFREY	Owner (Same as operator)
Address 57 GRALYNN RD	Address _____
City NEWTON State MA Zip 02459	City _____ State _____ Zip _____
Insurance Company PROGRESIVE	Vehicle Action Prior to Crash 4 21
Vehicle Travel Direction: N S E W Responding to Emergency? _____	Event Sequence 43 22 22 22 22
Citation # (If Issued) _____	Most Harmful Event 43 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 12 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed Y

Please fill out for operator and all occupants involved		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	-----	---	---	5	5	3	1	0	8	2	BI BOSTO
ROTHSCHILD, SUZAN	57 GRAYLYNN RD NEWTON, MA 02459	-----	F	4	5	4	3	1	0	8	2	BI BOSTO

Please Select One of the Following:	<input type="checkbox"/> Vehicle #Occupants	<input type="checkbox"/> Non-Motorist A Type	14 Action	15 Location	16 Condition	17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____	Veh Year _____ Veh Make _____ Veh Config. 20
Operator _____	Owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Insurance Company _____	Vehicle Action Prior to Crash 21
Vehicle Travel Direction: N S E W Responding to Emergency? _____	Event Sequence 22 22 22 22
Citation # (If Issued) _____	Most Harmful Event 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed _____

Please fill out for operator and all occupants involved		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:

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 1 stated that he was traveling Northbound on Grant Ave and attempted to make the left onto Beacon St Eastbound. While in the middle of the turn Operator 1 lost control of his motorcycle and crashed in the middle of the intersection.

Operator 1 and his passenger sustained minor injuries and were transported to the BI Boston.

Vehicle 1 was towed by Tody's with minor damage.

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