

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/06/2019		Time of Crash 17:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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	
WEST TREMONT ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
SOUTH WAVERLEY AVE				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								6	
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 190000586							
License # --- St MA DOB/Age ---				Reg # 620SVI Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2002 Veh Make BUIC Veh Config. 1 20								12	
Operator BLINDER KAREN				Owner (Same as operator)								1	
Address 275 MAIN ST (apt. 506)				Address _____									
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____									
Insurance Company AMICA				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 9 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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												1	
Operator See Above													
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													
License # --- St MA DOB/Age ---				Reg # 68YB56 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2006 Veh Make HOND Veh Config. 2 20									
Operator KATEPALLI SRAVANTHI				Owner PONDURU NARASIMHA RAO									
Address 344 KENRICK ST				Address 344 KENDRICK ST									
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458									
Insurance Company GEICO GENARAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 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:

Vehicle 1 was traveling northbound on Waverly ave when she was attempting to turn left onto Tremont St.

Vehicle 2 was traveling straight on Waverly ave. Vehicle 1 attempted to take a left hand turn and hit vehicle 2 head on. There was no damage or scratches to either vehicle. Operator of vehicle 1 was complaining of arm and shoulder pain, but stated she had prvious back pain from an earlier incident. Med 2 arrived on scene and evaluated the operator. At that time operator of vehicle 1 had an ice pack on her sholder and was attempting to rotate her arm to assess the pain. Operator of vehicle 1 requested her vitals to be checked multiple times to make sure she they were stable. Operator of vehicle 1 signed a patient refusal form to not be treated.

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