

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/10/2019		Time of Crash 12:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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		
EAST CENTRE ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number								2		
EAST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11		
3 1				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000600			2	
License # --- St MA DOB/Age ---				Reg # 3VRA10 Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				20		
Operator RADZWILL BRIAN Last First Middle				Owner PUORRO GERARD Last First Middle				Veh Year 2009 Veh Make CADIALLAC Veh Config. 1				12		
Address 19 LYMAN ST				Address 14 STILLMEADOW WAY				City FRAMINGHAM State MA Zip 01701				1		
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				Most Harmful Event 1 23						
Citation # (If Issued) _____				Driver Contributing Code 19 24 24				Underride/Override 25 Towed Y						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Diagram: 10 Undercarriage 5 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				13		
Operator				See Above				1 4 4 0 0 10 1						
PUORRO, GERARD				14 STILLMEADOW WAY FRAMINGHAM, MA 01702				M 3 1 4 4 0 0 10 1						
7 6				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 # 3390CJ Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				20		
Operator FORSYTHE ELAINE Last First Middle				Owner (Same as operator)				Veh Year 2008 Veh Make CHRYSLER Veh Config. 1						
Address 3 UPHAM WAY				Address _____				City WESTON State MA Zip 02493						
Insurance Company AMICA				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				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 _____				Diagram: 10 Undercarriage 5 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 9 2 NWH						

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Unit 2

Unit 1

Exit 17

Center Ave Rotary

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:**

Elaine Forsythe was operating vehicle #2. Elaine took the exit 17 off ramp and attempted to merge onto the Centre Ave rotary. Elaine states that at this time vehicle #1 struck the back of her vehicle.

Brian Radzwill was operating vehicle #1. Brain states that while trying to merge onto the rotary he bumped into vehicle #2. Both vehicles had very minor damage.

Forsythe was transported to NWH. Her vehicle was parked at the Richardson St lot, meter #4711. Parking control notified for consideration.

**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