

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 06/11/2019		Time of Crash 17:09 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								
EAST Route# Direction Name of Roadway/Street At LEXINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				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								2	10							
1 1				99 Vehicle 1 1 #Occupants Hit/Run Moped Case Number 190000605								2	11							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ONANIAN CHARLEEN Address 61 RIDGEWAY RD City WESTON State MA Zip 02493 Insurance Company BANKERS STANDARD				Reg # ONAN2 Reg Type PAV Reg State MA Veh Year 2017 Veh Make MERZ Veh Config. 2 20 Owner DAIMLER TRUST Address BOX 997545 City SACRAMENTO State CA Zip 95899 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 99 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12								
5 1				Please fill out for operator and all occupants involved								13								
6 1				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 ----- --- 99 4 99 0 0 10 1								1								
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								13								
8 1				License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JAMESON CHRISTINA Address 51 WEDGEWOOD RD City NEWTON State MA Zip 02465 Insurance Company METROPOLITAN PROP Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								Reg # 94JX76 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOY Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 99 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 99 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Lexington St

Commonwealth Ave

Unit 2

Unit 1

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 states she was stopped at the red light at the intersection of Commonwealth Ave (eastbound travel lane) at Lexington st when she accidentally took her foot off the brake and rear ended vehicle #2.

Operator #2 states she was rear ended by vehicle #1 while stopped at the light as well. Vehicle #1 did not sustain any damage and operator #2 states there is minor rear bumper damage to vehicle #2 however this was not visible to me upon superficial outside inspection. Neither vehicle needed to be towed and both parties declined medical transport. It should be noted that operator #2 kept referencing past unrelated injuries and was uncooperative at times, but vehemently denied police/fire dept suggestions to go to the hospital.

**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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

06/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date