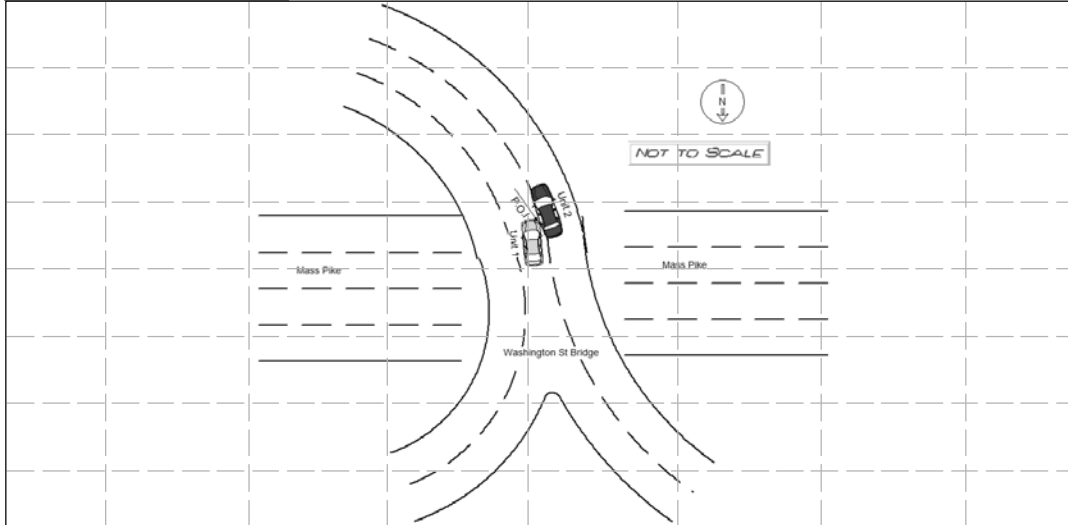


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 06/12/2019		Time of Crash 18:25 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number											
EAST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000610											
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator OSTROVSKAYA YELENA Address 8 JUNIPER TERR City DEDHAM State MA Zip 02026 Insurance Company COMMERCE 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 # VITYA Reg Type PAV Reg State MA Veh Year 2011 Veh Make TOY Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totalled											
Please fill out for operator and all occupants involved						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 --- --- 1 4 4 0 0 10 1											
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 2 2 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator JOHN SUNDA Address 42 BUICK ST City WATERTOWN State MA Zip 02472 Insurance Company SAFETY 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 # 8HM319 Reg Type PAN Reg State MA Veh Year 2019 Veh Make TOY Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totalled											
Please fill out for operator and all occupants involved						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 JOHN, JULIANA 42 BUICK ST WATERTOWN, MA 02472 --- F 6 1 4 4 0 0 10 1											

→ 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:

Vehicle 1 was traveling eastbound on Washington St bridge. Operator of vehicle one stated a truck was cutting her off so she attempted to put her blinker on and change lanes. Once she was changing lanes Vehicle 1 side swiped vehicle 2. Vehicle 2 stated she was driving straight when she got side swiped. Vehicle 1 had passenger side front end damage. Vehicle 2 had driver side front door and rear passenger door 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

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