

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/13/2019	Time of Crash 12:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>10</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 140 BRANDEIS RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000612	
License # _____ St MA DOB/Age _____			Reg # 986EW5			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2011			Veh Make SUBARU			Veh Config. <u>1</u> <u>20</u>	
Operator CONEY ADDRENE Last First Middle			Owner (Same as operator)			First Middle				
Address 28 FOXRUN ROAD			Address _____			First Middle				
City BLACKSTONE State MA Zip 01504			City _____ State _____ Zip _____			First Middle				
Insurance Company CITIZENS INSURANCE			Vehicle Action Prior to Crash <u>10</u> <u>21</u>			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 <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4				
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			1 9 10 Undercarriage			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> 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			See Above			1 4 99 0 0 8 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St MA DOB/Age _____			Reg # 9PP698			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2015			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>	
Operator BRINDLEY BROOKE A Last First Middle			Owner (Same as operator)			First Middle				
Address 73 SPIERS RD			Address _____			First Middle				
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____			First Middle				
Insurance Company LIBERTY MUTUAL INSURANCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			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 <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			3 4				
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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 99 0 0 10 1				
MOUW, LUCY			73 SPIERS ROAD NEWTON, MA 02459			F 4 4 4 99 0 0 10 1				

→ 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:

Operator of MV1 (MA reg 986EW5) stated she was backing out of her parking spot when her vehicle was struck on the rear passenger side bumper.

Operator of MV2 (MA reg 9PP698) stated she was traveling straight ahead and did not see MV1 backing out when she struck the vehicle.

Both vehicles sustained minor damage and did not require a tow. The operator of MV1 was complaining of some neck pain so I called for an ambulance to evaluate the party. The driver and passenger and MV2 did not state they had any injuries.

Engine 10 and ambulance 1 arrived on scene to speak with the injured party. The injured party signed a medical refusal.

(Continued on next page)

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

