

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/14/2019	Time of Crash 15:03 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 483 DEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				2 11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000614		
License # --- St MA DOB/Age ---			Reg # 6RM395 Reg Type PAN Reg State MA			20			12		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2017 Veh Make TOYOTA Veh Config. 1								
Operator LEVY-MOONSHINE HANNAH Last First Middle			Owner LEVY-MOONSHINE AMY Last First Middle								
Address 845 BOYLSTON ST			Address 845 BOYLSTON ST								
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y								
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											
Operator See Above			99 4 99 0 0 8 2								
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 # LV72769 Reg Type LVN Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2014 Veh Make CHRYSLER Veh Config. 1								
Operator GORINE HADJ Last First Middle			Owner (Same as operator) Last First Middle								
Address 12 PLEASANT ST			Address								
City NORWOOD State MA Zip 02062			City State Zip								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 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											
Operator/Non-Motorist See Above			99 4 99 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 travelling southbound on Dedham St. Vehicle 2 was travelling southbound on Dedham St. Vehicle 2 rear ended vehicle 1, while both cars were travelling straight ahead. There was major damage to the rear of vehicle 1, and moderate damage to the front right of vehicle 2. Vehicle 2 was towed to Todys lot. The operator of vehicle 1 was transported to NWH for minor injuries. The operator of vehicle 2 sustained no injuries, and signed a patient refusal.

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