

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/20/2019		Time of Crash 09:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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		
WEST FRANKLIN 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								10		
NORTH WAVERLEY AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11		
Route# Direction Name of Intersecting Roadway/Street				Landmark								3		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000634					3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator LEV-ARI HANOCH Address 83 MANDALAY RD City NEWTON State MA Zip 02459 Insurance Company LM GENERAL				Reg # 878TNK Reg Type PAN Reg State MA Veh Year 2011 Veh Make HYUN Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 3 24 Underride/Override 25 Towed Y								12		
Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) T1444379 Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13		
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								1		
Operator See Above				-----										
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		7
License # --- St RI DOB/Age --- Sex F Lic. Class 10 18 18 Lic. Restrictions B 19 CDL _____ Operator MINASSIAN RACHAEL Address 23 MOLLIE DR City CRANSTON State RI Zip 02831 Insurance Company AMICA				Reg # SN715 Reg Type PAS Reg State RI Veh Year 2003 Veh Make TOYT Veh Config. 2 20 Owner MINASSIAN KAREN Address 23 MOLLIE DR City CRANSTON State RI Zip 02831 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								8		
Vehicle Travel Direction: X S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled										
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above				-----										

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Franklin St

Waverley Ave

P.O.I.

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Vehicle One stated he was travelling Northbound on Waverley Ave when he collided with Vehicle Two. Vehicle One stated he did not know where Vehicle Two came from nor did he observe it prior to the collision. The operator of Vehicle One appeared shaken up due to airbag deployment but did not complain of any injuries. He was evaluated by Ambulance One and signed a patient refusal.

Vehicle Two stated she was also driving Northbound on Waverley Ave when Vehicle One attempted to cross Waverley Ave from Franklin St causing the collision. The damage to both vehicles (Vehicle One drivers side damage and Vehicle Two front end damage) was consistent with Vehicle Two's version of the crash. Both vehicles were towed by AAA. The operator of Vehicle One was issued Mass Uniform Citation T1444379 for 89/9 Fail to Yield.

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