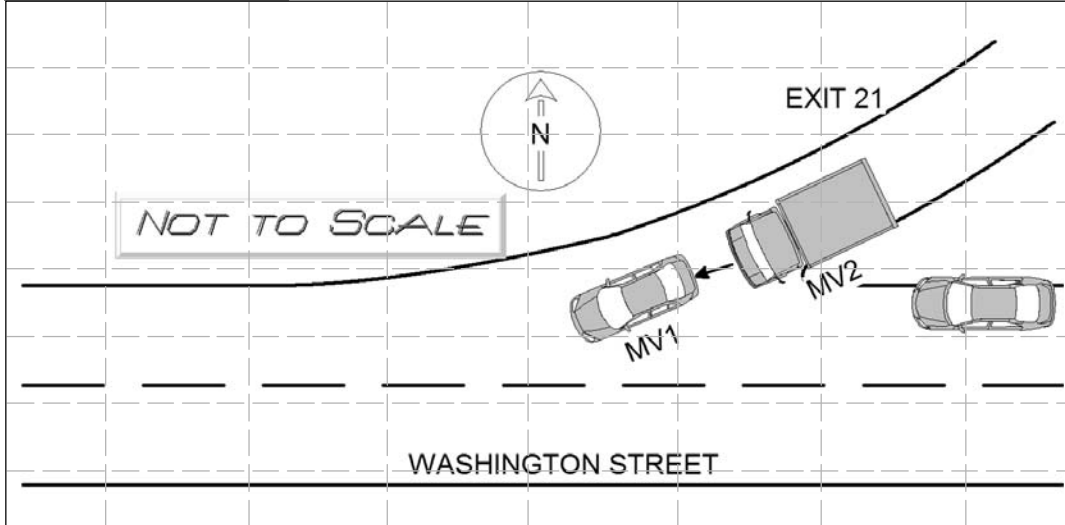


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/20/2019	Time of Crash 09:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 2150 WASHINGTON ST		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____		_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____					11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____		_____ Feet N S E W of _____ Landmark _____					2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000635				3
License # _____ St MA DOB/Age _____			Reg # 325SV2		Reg Type PAS		Reg State MA				12
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010		Veh Make HYUNDAI		Veh Config. 1 20				1
Operator PIERRE WELSON Last First Middle			Owner MELANSON MICHELLE JEAN Last First Middle								
Address 56 LAUREL STREET			Address 56 LAUREL STREET								
City WHITMAN State MA Zip 02382			City WHITMAN State MA Zip 02382								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4 10 Undercarriage 11 Totaled						
Citation # (If Issued) _____			Most Harmful Event 1 23		1 24 24						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Underride/Override 25 Towed N						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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			-----		1 4		99 0 0		10 1		
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
License # _____ St MA DOB/Age _____			Reg # P83937		Reg Type CON		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011		Veh Make FORD		Veh Config. 2 20				
Operator DUNN DEREK Last First Middle			Owner WEST MECHANICAL INC Last First Middle								
Address 25 RICHARD STREET			Address 783 HIGH STREET								
City FOXBOROUGH State MA Zip 02035			City WESTWOOD State MA Zip 02090								
Insurance Company ARBELLA			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4 10 Undercarriage 11 Totaled						
Citation # (If Issued) _____			Most Harmful Event 1 23		1 24 24						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		Underride/Override 25 Towed N						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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		

→ 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:

MV 1 WAS MERGING ONTO WASHINGTON STREET HEADING EASTBOUND FROM EXIT 21 OF THE HIGHWAY WHEN HE WAS REAR ENDED BY MV2. MV 1 SUSTAINED DAMAGE TO REAR OF VEHICLE AND OPERATOR OF MV 1 SIGNED A PATIENT REFUSAL FROM MEDICS ON SCENE.

MV 2 WAS BEHIND MV 1 MERGING ONTO WASHINGTON STREET HEADING EASTBOUND AND REAR ENDED MV 1. MV 2 SUSTAINED DAMAGE TO FRONT BUMPER AND NO INJURIES REPORTED.

BOTH OPERATORS STATED THERE WAS A VEHICLE IN THE BREAKDOWN LANE OBSTRUCTING THEIR VIEW OF ONCOMING TRAFFIC ON WASHINGTON STREET MAKING IT DIFFICULT TO MERGE.

### 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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42