

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 06/22/2019	Time of Crash 09:30 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 3	Speed Limit 30 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:							
NORTH WALNUT ST Route# Direction Name of Roadway/Street At MADISON AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000640					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PEREZ ERNESTO Address 2053 COMMONWEALTH AVE City AUBURNDALE State MA Zip 02466 Insurance Company HANOVER			Reg # 8TK521 Reg Type PAN Reg State MA Veh Year 2005 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved			13									
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 See Above --- --- 1 4 99 0 0 9 1									
HODGSON, WILLIAM 34 CLYDE ST NEWTON, MA 02460			--- --- M 3 1 4 99 0 0 9 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		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St ME DOB/Age --- Sex F Lic. Class B 18 18 Lic. Restrictions 2 19 CDL _____ Operator HAMES EMILY Address 118 LANGLEY RD. (apt. 2) City NEWTON State MA Zip 02459 Insurance Company USAA GENERAL			Reg # 1DKK51 Reg Type PAN Reg State MA Veh Year 2018 Veh Make JEEP Veh Config. 20 Owner CCAP AUTO LEASE Address PO BOX 961272 City FORT WORTH State TX Zip 70161 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled									
Please fill out for operator and all occupants involved			13									
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 --- --- 1 4 99 0 0 9 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 #1 STATED HE WAS GOING N/B ON WALNUT NEAR MADISON AVE ST WHEN HE STOPPED FOR A PEDESTRIAN CROSSING THE STREET. VEHICLE #2 THEN REAR ENDED HIM.

OPERATOR #2 REPORTS SHE WAS GOING N/B ON WALNUT ST WHEN SHE OBSERVED ANOTHER VEHICLE BACKING INTO A PARKING SPACE. SHE THEN DROVE AROUND IT NOT SEEING VEHICLE #1 WAS STOPPED AHEAD.

SHE WAS UNABLE TO REACT IN TIME TO STOP BEFORE CRASHING INTO THE REAR OF VEHICLE #1.

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