



Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/25/2019		Time of Crash 08:49 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet [N S E W] of _____ Landmark _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000653					3
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # 1HZ741 Reg Type PAN Reg State MA Veh Year 2014 Veh Make CHEVY Veh Config. [1] [20] Owner MCEVOY MADISON Address 15 (apt. 17) GOVERNORS AVE City MEDFORD State MA Zip 02156 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 [3] [4] Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed Y								12	
Vehicle Travel Direction: [N 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 _____												13	
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													
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type _____ Reg State [20] Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22] [22] [22] [22] 2 [3] [4] Most Harmful Event [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed _____								8	
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Operator/Non-Motorist See Above													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Unit 1    Unit 2    Unit 3

River Street    Auburndale Ave

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:**

The operator of MV#1 stated that she was traveling east on River St at Auburndale Ave when MV#2 entered her travel lane from Auburndale Ave when crash occurred.

The operator of MV#2 stated that she was attempting to merge onto River St from Auburndale Ave when crash occurred with MV#1. MV#2 was then pushed into MV#3, which was parked and unoccupied in front of #118 River St.

The operator of MV#2 was transported to NWH with possible injuries and her MV was towed by Todys.

**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