

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/27/2019		Time of Crash 13:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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	
1	1	DAY ST											2
		Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street							
2	1	WEST WASHINGTON ST				Feet N S E W of _____ • _____ or _____ 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							
3	1	Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark							11
4	1	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000666					12
5	1	License # --- St MA DOB/Age ---				Reg # 1SVF35 Reg Type PAN Reg State MA				13			
		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment				Veh Year 2019 Veh Make MERCEDES Veh Config. 2 20							
6	1	Operator ADOLPHE EDDYSON Last First Middle				Owner PV HOLDING CORP Last First Middle				1			
		Address 1004 RIVER ST (apt. 1)				Address 375 MCCLELLAN HWY							
7	1	City HYDE PARK State MA Zip 02136				City E. BOSTON State MA Zip 02128				1			
		Insurance Company TRAVELERS				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)							
8	1	Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4				1			
		Citation # (If Issued) _____				Most Harmful Event 1 23							
9	1	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				1			
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N							
10	1	Please fill out for operator and all occupants involved								1			
		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							
11	1	Operator See Above				1 4 99 0 0 10 1				1			
12	1									1			
13	1									1			
14	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								1			
15	1	License # --- St MA DOB/Age ---				Reg # 3GB362 Reg Type PAN Reg State MA				1			
		Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsment				Veh Year 2018 Veh Make MERCEDES Veh Config. 1 20							
16	1	Operator FRANKLIN CHRISTIE LEE Last First Middle				Owner FRANKLIN JARED C Last First Middle				1			
		Address 1800 BEACON ST				Address 1800 BEACON ST							
17	1	City BROOKLINE State MA Zip 02445				City BROOKLINE State MA Zip 02445				1			
		Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
18	1	Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4				1			
		Citation # (If Issued) _____				Most Harmful Event 1 23							
19	1	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				1			
		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N							
20	1	Please fill out for operator and all occupants involved								1			
		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							
21	1	Operator/Non-Motorist See Above				1 4 99 0 0 10 1				1			
22	1									1			
23	1									1			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Day St

Washington St

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 traveling west on Washington St. Vehicle 1 wanted to make a left turn onto Day St. but went past the street. Vehicle 1 reversed traveling backwards in the westbound travel lane. At this time vehicle 1 reversed into vehicle 2. Both operators of both vehicle 1 and 2 state the same story. No reported injuries. Minor damage to the right rear of vehicle 1 and the left front of vehicle 2, both vehicles driveable.

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