

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/30/2019	Time of Crash 20:25 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 549 CRAFTS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000676		
License # --- St MA DOB/Age ---			Reg # TX7984 Reg Type MCN Reg State MA			Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2002 Veh Make KAWASAKI Veh Config. 3 20		
Operator BUTERA FRANK M			Owner (Same as operator)			Address			1 12		
Address 97 DALBY ST			Address			City NEWTON State MA Zip 02458			City State Zip		
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			5		
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 20 22 22 22 22			10 Undercarriage			11 Totaled		
Citation # (If Issued)			Most Harmful Event 20 23			Driver Contributing Code 7 24 11 24			6 2		
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Underride/Override 25 Towed Y						13 20		
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			See Above			5 5 3 3 0 7 2			BI		
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								
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Sex ___ Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year Veh Make Veh Config. 20		
Operator			Owner			Address			1		
Address			Address			City State Zip			City State Zip		
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			8		
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→ 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 of vehicle one stated that he lost control of his motorcycle near 549 Crafts St due to wet road surface conditions. Operator of vehicle one stated that his motorcycle hit the cub causing him to be thrown from his bike. Operator of vehicle one was transported via EMS to the Beth Israel Hospital in Boston for treatment for a broken leg. Vehicle one was towed by Tody's towing and I filled out a motor vehicle form. Photos of the crash scene and motorcycle were taken and the disk was download by the NPD's It Bureau.

**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