

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 07/08/2019	Time of Crash 12:46 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			SOUTH 182 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000696	
License # --- St MA DOB/Age ---			Reg # 391MS0 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2014 Veh Make SUBARU Veh Config. 1 20	
Operator VANARIA LAURA F Last First Middle			Owner (Same as operator) Last First Middle			Address			Address	
City WAYLAND State MA Zip 01778			City State Zip			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company SAFETY			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 19 24 24	
Vehicle Travel Direction: N X E W Responding to Emergency?			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 5 11 Totaled	
Citation # (If Issued)			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				
Violation 1: Ch Sec Violation 2: Ch Sec			Operator See Above			Operator			See Above	
Violation 3: Ch Sec Violation 4: Ch Sec										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 # 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 # 49Z920 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2007 Veh Make MAZDA Veh Config. 1 20	
Operator Last First Middle			Owner CABRAL ERIC DASILVA Last First Middle			Address 6 PLEASANT ST			City WAREHAM State MA Zip 02571	
City State Zip			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Insurance Company PILGRIM INSURANCE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Vehicle Travel Direction: N X E W Responding to Emergency?			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 5 11 Totaled	
Citation # (If Issued)			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				
Violation 1: Ch Sec Violation 2: Ch Sec			Operator/Non-Motorist See Above			Operator/Non-Motorist			See Above	
Violation 3: Ch Sec Violation 4: Ch Sec										

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Vehicle #2 Vehicle #1

182 Walnut 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:

Operator of vehicle #1 was travelling Southbound on Walnut St. Operator stated that she went to scratch a mosquito bite on her leg which caused her to veer to the right and collide with parked vehicle #2.

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