

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 07/09/2019	Time of Crash 17:42 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:			
EAST CHARLESBANK RD Route# Direction Name of Roadway/Street At NORTH ST JAMES ST 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000705							
License # --- St MA DOB/Age --- Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator SHILMOVER ADRIANE Address 54 ELM ST City NEWTON State MA Zip 02465 Insurance Company QUINCY MUTUAL			Reg # EV745T Reg Type PAN Reg State MA Veh Year 2018 Veh Make TESLA Veh Config. <u>1</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed N <u>6</u>							
Please fill out for operator and all occupants involved										
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			-----							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St MA DOB/Age --- Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator FRANKS CHRISTINE Address 293 WEBSTER ST City W. NEWTON State MA Zip 02465 Insurance Company ARBELLA			Reg # 28CL07 Reg Type PAN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. <u>2</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed N <u>6</u>							
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Operator/Non-Motorist See Above			-----							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☉ Pedestrian  
 ie: → 1    → 2    → ☉

**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 that she was at Charlesbank Rd. and St. James, continuing north on Washington St. when M/V#2 merged into her lane, and made contact with the left rear of her M/V.

Operator #2 stated that she attempted to change lanes, and did not realize the right front of her M/V had made contact with M/V#1.

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**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