

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 07/19/2019		Time of Crash 22:37 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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 _____				WEST 300 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____								2	10											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____																								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												4												
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000745																
License # _____ St MA DOB/Age _____				Reg # 7YG149				Reg Type PAN		Reg State MA														
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2004				Veh Make FORD		Veh Config. 2 20														
Operator HICKEY BRIAN Last First Middle				Owner (Same as operator) Last First Middle								12												
Address 20 MORTON ST				Address _____																				
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____																				
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4		10 Undercarriage														
Citation # (If Issued) _____				Most Harmful Event 1 23				1 24 24		5 11 Totaled														
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N																
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																								
Please fill out for operator and all occupants involved													13											
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		-----		---	---	1	4	4	0	0	10	1	NONE							
HICKEY, ROWAN						-----		M	6	1	4	4	0	0	10	1	NONE							
HICKEY, ORLA						-----		F	6	1	4	4	0	0	10	1	NONE							
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	
License # _____ St MA DOB/Age _____				Reg # 7WC922				Reg Type PAN		Reg State MA														
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2006				Veh Make TOYOTA		Veh Config. 2 20														
Operator TUTU MAVIS Last First Middle				Owner (Same as operator) Last First Middle																				
Address 126 MILTON ST				Address _____																				
City DEDHAM State MA Zip 02026				City _____ State _____ Zip _____																				
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 5 21				Damaged Area Code: (Circle Up to Three)																
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4		10 Undercarriage														
Citation # (If Issued) _____				Most Harmful Event 1 23				4 24 24		5 11 Totaled														
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				Underride/Override 25 Towed N																
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																								
Please fill out for operator and all occupants involved													13											
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/Non-Motorist				See Above		-----		---	---	1	4	4	0	0	10	1	NONE							

→ 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:

The operator of Vehicle #1 stated that as he was travelling Westbound on Washington St just past the MassPike bridge, his vehicle was struck on the rear driver's side by Vehicle #2 as she attempted to merge into his lane of travel.

The operator of Vehicle #2 stated that she realized that she was in the incorrect lane, and was heading onto the MassPike, when she indicated several times that she wished to merge. She then attempted to merge right, prior to colliding with Vehicle #1.

No Parties on scene complained of injury, nor was a tow requested.

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