

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/23/2019	Time of Crash 12:39 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 3	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"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 1211 CENTRE ST 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 _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000753		
License # _____ St MA DOB/Age _____			Reg # 9GT266			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2005			Veh Make FORD			Veh Config. 2 20		
Operator LYNCH DEBORAH			Owner (Same as operator)								
Address 134 NORTH ST (apt. 8)			Address _____								
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____								
Insurance Company VERMONT MUTUAL			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 51 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) T1268347			Most Harmful Event 51 23			1 9			5 11 Totalled		
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			---		---		27 Safety System	
AGUIRRE, VICTOR						---		M		28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St MA DOB/Age _____										Reg # 631GZ2	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Reg Type PAN	
Veh Year 2015										Reg State MA	
Veh Make TOYOTA										Veh Config. 2 20	
Operator MILLER MATTHEW										Owner (Same as operator)	
Address 26 SHUTE PATH										Address _____	
City NEWTON State MA Zip 02459										City _____ State _____ Zip _____	
Insurance Company LIBERTY MUTUAL										Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 2 22 22 22 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										2 23	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										1 24 24	
Underride/Override 25 Towed N										8 7 6	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			---		---		27 Safety System	
						---				28 Airbag Status	
										29 Airbag Switch	
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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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 _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000753							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # FPB4712 Reg Type PAN Reg State OH Veh Year 2019 Veh Make DODGE Veh Config. 2 20 Owner FILDES JAMES EDWARD Address 2345 COMMONWEALTH AVE City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12	
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
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													
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 _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled									
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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													

→ 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 MV#1 stated she was travelling southbound on Centre St in the left side travel lane and attempted to switch lanes into the right side travel lane. The operator of MV#1 stated MV#2 was in her blind spot and made MV#2 swerved into MV#3. MV#1 never made contact with MV#2. There were no reported injuries to the operator of MV#1 or its passenger. There were no damages to MV#1.

The operator of MV#2 stated he was travelling southbound on Centre St in the right side travel lane when MV#1 abruptly entered his travel lane causing him to swerve into MV#3. MV#2 sustained heavy front right side damages. There were no reported injuries to the operator of MV#2.

MV#3 was unoccupied and parked in front of 1211 Centre St. MV#3 sustained moderate damages to its left side. The owner of MV#3 was advised of this accident.

(Continued on next page)

**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

