

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 07/24/2019		Time of Crash 15:46 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 25 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:									
SOUTH LINWOOD ST																	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street													
At				Feet N S E W of _____ or _____						Mile Marker Exit Number							
EAST CRAFT ST																	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						Route# Intersecting Roadway/Street							
Also at Intersection with																	
Route# Direction Name of Intersecting Roadway/Street										Landmark							
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				Case Number 190000760					
License # --- St MA DOB/Age ---				Reg # 7LT571 Reg Type PAN Reg State MA													
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make LEXUS Veh Config. 2 20													
Operator TEPPER JAQUELINE				Owner TOYOTA LEASE TRU													
Address 6 OCTOBER LANE				Address PO BX 105386													
City WESTON State MA Zip 02493				City ATLANTA State GA Zip 30348													
Insurance Company BANKERS STANDARD				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2						3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23						10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24						11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N													
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				1 4 4 0 0 10 1													
BARNES, ALICIA 6 OCTOBER LANE WESTON, MA 02493				F 6 99 4 4 0 0 10 1													
TAPPER, ZANE 6 OCTOBER LANE WESTON, MA 02493				M 4 1 4 4 0 0 10 1													
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 # 863NN7 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make SUBA Veh Config. 1 20													
Operator DEZOTELL ALBERT J				Owner (Same as operator)													
Address 28 ANNAPOLIS RD				Address _____													
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____													
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2						3 4							
Citation # (If Issued) T1271510				Most Harmful Event 1 23						10 Undercarriage							
Violation 1: Ch 19/71 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 20 24						5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N													
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/Non-Motorist See Above				1 4 4 0 0 10 1													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Linwood St

Craft 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:**

Vehicle 1 was stopped at the red light heading Eastbound on Craft St at the intersection of Craft St at Linwood St. Vehicle 1 Stated that vehicle 2 rear ended her vehicle.

Vehicle 2 stated he wasn't paying attention and was looking at his tire low gauge and thought vehicle 1 had started to move when he rear ended vehicle 1. Vehicle 2 occupant was sweating profusely and I requested medics to evaluate the operator. Operator of vehicle 2 would not let Medics evaluate his person, and signed a patient refusal.

**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