

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/05/2019	Time of Crash 18:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	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:					
ELM ST								9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					10		
WALNUT ST										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					11		
			Landmark _____					6		
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000804			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>553MW8</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2011</u>		Veh Make <u>TOYT</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>ROSE</u> <u>OR</u> <u>N</u>			Owner <u>ROSENBAUM</u> <u>JUDITH</u>							
Address <u>3 HAGER ST (apt. #2)</u>			Address <u>149 WEBSTER ST</u>							
City <u>J PLAIN</u> State <u>MA</u> Zip <u>02130</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>							
Insurance Company <u>LM GENERAL</u>			Vehicle Action Prior to Crash <u>3</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) <u>T2015422</u>			Most Harmful Event <u>3</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch <u>89/11</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>20</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</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 type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u>		Action <u>1</u> <u>15</u> Location <u>1</u> <u>16</u> Condition <u>1</u> <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator <u>WOOLF</u> <u>JOSHUA</u>			Owner _____							
Address <u>45 ELLIS RD</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>			City _____		State _____		Zip _____			
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____							
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/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 of vehicle 1 stated he was heading east on Elm St approaching the cross walk when he looked to one side but not the other and inched out and struck the pedestrian in the cross walk. Pedestrian stated he was in the cross walk when the car was inching forward and then accelerated and that is when he got hit.

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