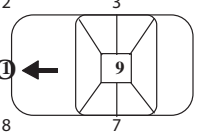
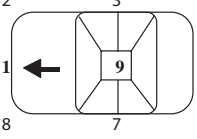


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																			
Date of Crash 08/07/2019	Time of Crash 07:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 30 Latitude _____ 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:																																																																					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			9 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 _____																																																																							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			10 ____ 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 _____																																																																							
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			4 Case Number 190000809																																																																							
4 License # _____ St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____ Operator ROUSSEAU STEVEN J Address 74 ALBERMALE RD City WAKLTHAM State MA Zip 02453 Insurance Company SAFETY			12 Reg # S37537 Reg Type CON Reg State MA Veh Year 2016 Veh Make FORD Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20 Owner FIRE EQUIPMENT Address 20 HALL ST City MEDFORD State MA Zip 02155 Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23  10 Undercarriage Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed N 6																																																																							
5 Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 <table border="1"><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>4</td><td>0</td><td>0</td><td>10</td><td>1</td><td>N/A</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>							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	N/A																																							
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	N/A																																																														
7 Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23  10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____ 6																																																																							
8 Please fill out for operator and all occupants involved <table border="1"><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			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	-----	---	---																																																						
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:

Washington st

Woodland golf club

NOT TO SCALE

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:

MV#1 was driving eastbound on washington st when the vehicle in front of him braked to turn left into the woodland golf course. He slowed his speed and stopped as he waited for them to turn. He then was rear-ended by MV#2 which was rear-ended by MV#3

MV#2 states he was driving eastbound and had started to slow down for the vehicle turning left. MV# 2 was then rear-ended by MV#3 causing him to rear-end #1.

MV#3 states he was driving eastbound and was slowing for the traffic. He then rear-ended Mv#2

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