

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/14/2019		Time of Crash 09:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input checked="" 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 _____				EAST 2102 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	3
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000834							
License # _____ St NJ DOB/Age _____				Reg # 5VL518 Reg Type PAN Reg State MA									
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016 Veh Make JEEP Veh Config. 2 20									
Operator CALAMITA KRISTIN Last First Middle				Owner LEASING TRU VEHICLE ASSET U Last First Middle									12
Address 65 VALLEY RD				Address 9401 (apt. 140) JAMES AVE									
City RINGWOOD State NJ Zip 07456				City BLOOMINGTON State MN Zip 55431									
Insurance Company LM GENERAL				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) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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													
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 # 8NL537 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016 Veh Make FORD Veh Config. 1 20									
Operator O'BRIEN EDMUND C Last First Middle				Owner (Same as operator) Last First Middle									
Address 47 CEDAR ST				Address _____									
City MALDEN State MA Zip 02148				City _____ State _____ Zip _____									
Insurance Company AMICA				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [X S E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Commonwealth Ave

Unit 1

Unit 2

Exit/Entrance #2102 Commonwealth Ave

← N →

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 that she was traveling east (left lane) on Commonwealth Ave when MV#2 entered her travel lane from #2102 Comm. Ave and crash occurred.

The operator of MV#2 stated that he was attempting to enter Commonwealth Ave (west bound) from #2102 Commonwealth Ave and the MV in the right hand lane had stopped to allow him to enter when crash occurred with MV#1.

No injuries, no tows.

**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