

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/12/2019	Time of Crash 17:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 173 CRAFTS 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000933		
License # _____ St CT DOB/Age _____			Reg # 964KAF Reg Type PAN Reg State CT			Veh Year 2006 Veh Make MINI Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner COTE RONALD			Address 1149 FORBES ST					
Operator COTE RENEE ELIZABETH			City EAST HARTFORD State CT Zip 06118			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 1149 FORBES ST			City EAST HARTFORD State CT Zip 06118			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage		
Insurance Company ALLSTATE FIRE & CASUALTY			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			5 11 Totaled		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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			-----		---		99 4 0 0 10 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</u> #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 # 7CY521 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make LEXUS Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____					
Operator SALDARINI REBECCA T			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Address 46 WALKER ST			City NEWTON State MA Zip 02460			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage		
Insurance Company LIBERTY MUTUAL			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			5 11 Totaled		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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			-----		---		99 4 4 0 0 10 1	
SALDARINI, RONAN			46 WALKER ST NEWTON, MA 02460			-----		M		6 4 4 4 0 0 10 1	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Central Ave

Crafts St

Judkins 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:

On 09/12/2019, at 1706 hours, I responded to Crafts St near Central Ave for a two car MVA. Upon arrival I observed MV1 to have damage to its front end and MV2 to have damage to its rear end consistent with a rear end accident. The operator of MV1 stated she looked away from the road momentarily and rear ended MV2. The operator of MV2 stated she was slowing down in traffic and was rear ended. Cataldo Ambulance responded due to an infant being in MV2. All parties involved signed patient refusals and both vehicles were driven from the scene.

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