

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|---|--|---|----------------------|---|---|--|--|
| Date of Crash 09/16/2019 | Time of Crash 17:08 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: | | | | | |
| <div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div> | | | <div>29WEST 303 RIVER ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>2Feet N S E W of _____ Landmark</div> | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000945 | | | |
| License # --- St MA DOB/Age --- | | | Reg # 4JH221 | | Reg Type PAN | | Reg State MA | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment | | | Veh Year 2001 | | Veh Make ACURA | | Veh Config. 1 20 | | | |
| Operator THEKAEKARA THOMAS Last First Middle | | | Owner (Same as operator) | | Last First Middle | | | | | |
| Address 35 LUNDA ST | | | Address | | Last First Middle | | | | | |
| City WALTHAM State MA Zip 02451 | | | City | | State Zip | | | | | |
| Insurance Company LM GENERAL | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | ② 3 4 | | 10 Undercarriage | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | ① ← 9 | | 5 11 Totaled | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 24 24 | | ③ 7 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | | | | | |
| 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 3 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 # 172P | | Reg Type PAN | | Reg State MA | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment | | | Veh Year 2013 | | Veh Make MERZ | | Veh Config. 1 20 | | | |
| Operator MCMULLEN KAREN Last First Middle | | | Owner (Same as operator) | | Last First Middle | | | | | |
| Address 303 RIVER ST | | | Address | | Last First Middle | | | | | |
| City NEWTON State MA Zip 02465 | | | City | | State Zip | | | | | |
| Insurance Company AMICA | | | Vehicle Action Prior to Crash 10 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | ② ③ 4 | | 10 Undercarriage | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | ① ← 9 | | 5 11 Totaled | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 19 24 24 | | 8 7 6 | | | | | |
| 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 | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

303 River Street

MV2

POI

MV1

→ N →

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:

Operator of MV1 was traveling westbound on River Street. Operator of MV2 was backing out of her driveway at 303 River Street. She stated she looked to her left, then her right and then the left again and saw it was clear to continue backing out. She did not see MV1 coming up River Street when she collided with him. MV1 sustained moderate front end damage and front and side airbag deployment. The vehicle was towed by Bobby Donahue from Tody's Towing. The operator of MV1 signed a patient refusal with Catalado AMB2. The operator of MV2 was not injured and was able to pull her vehicle back into her driveway. She sustained moderate damage to her rear passenger side.

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