

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/13/2019	Time of Crash 08:54 24HR	City/Town NEWTON	Number Vehicles 2	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:				
SOUTH HAMMOND ST Route# Direction Name of Roadway/Street At EAST HAMMONDSWOOD RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000950		
License # --- St XX DOB/Age --- Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____ Operator ERIKSSON KARMITA Address 8 CHANDLER ST City WATERTOWN State MA Zip 02472 Insurance Company GOVT EMPLOYEE			Reg # 9KE951 Reg Type PAS Reg State MA Veh Year 2014 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled 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				-----				
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		
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator OLIVIER KATHRYN Address 6 MORNING GLORY CIR City WESTFORD State MA Zip 01886 Insurance Company GEICO			Reg # 8LP122 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled 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/Non-Motorist			See Above				-----				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Hammondswood RD

Hammond St

Unit 1

Unit 2

Unit 1

Unit 2

Unit 1

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 1 states she was traveling Southbound on Hammond St when vehicle 2 pulled into the intersection from Hammondswood Rd and struck vehicle 1.

Operator 2 states she came to a complete stop at the stop sign on Hammondswood Rd @ Hammond St. Operator 2 proceeded into the intersection where she was struck by vehicle 1 traveling at a high rate of speed.

Both vehicles sustained moderate damage and were towed from the scene. There were no injuries.

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