

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/17/2019	Time of Crash 17:13 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><div><div>SOUTH</div><div>ELLIS ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>BOYLSTON STREET UNDER BRIDGE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000954			
License # --- St MA DOB/Age ---			Reg # 7XS942		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2000		Veh Make HONDA		Veh Config. 1 20			
Operator CALDERON JOSEPH			Owner (Same as operator)							
Address 145 LEXINGTON STREET (apt. 26)			Address							
City NEWTON State MA Zip 02466			City		State		Zip			
Insurance Company AMICA			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued)			Most Harmful Event 1 23		0		10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8		5 11 Totaled			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		6					
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 4 4 0 0 10 1		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 AL DOB/Age ---			Reg # 1BY2495		Reg Type PAS		Reg State AL			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2003		Veh Make TOYOTA		Veh Config. 1 20			
Operator GRAMSTAD LYDIA			Owner (Same as operator)							
Address 4601 CHABLIS WAY			Address							
City BIRMINGHAM State AL Zip 35244			City		State		Zip			
Insurance Company GEICO			Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued)			Most Harmful Event 1 23		Q		10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 18 24 24		Q		5 11 Totaled			
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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		NONE			
LYNCH, SERINA			60 MARGARET RD NEWTON, MA 02461		F 3 0 4 4 0 0 99 1		NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

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 Vehicle #1 stated that he was traveling south on Ellis Street when Vehicle #2 exited from the side road and struck his vehicle. Vehicle #1 sustained heavy front end damage and was towed from the scene by Todys Towing. Operator reports no injuries. Passenger in Vehicle #1 was evaluated by Newton Medics and signed a patient refusal.

Operator of Vehicle #2 stated that she was exiting the side road and could not see around the Rt 9 Bridge so she slowly pulled forward and struck Vehicle #1 as it drove by. Vehicle #2 sustained heavy front end damage and was privately towed from the scene by AAA. Operator reports no injuries.

It should be noted that the Operator of Vehicle #1 did not have a stop sign from his direction of travel.

**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42