

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/11/2019	Time of Crash 17:19 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: _____
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
WEST LAGRANGE ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____			
SOUTH VINE ST										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001034	
License # _____ St MA DOB/Age _____			Reg # CI947V Reg Type PAS Reg State MA			Veh Year 2006 Veh Make ACURA Veh Config. <u>2</u>				
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2006 Veh Make ACURA Veh Config. <u>2</u>			Veh Year 2006 Veh Make ACURA Veh Config. <u>2</u>				
Operator VOGT JANESSA ANN			Owner VOGT STEPHEN C			Veh Year 2006 Veh Make ACURA Veh Config. <u>2</u>				
Address 63 MAPLE ST			Address 63 MAPLE ST			Veh Year 2006 Veh Make ACURA Veh Config. <u>2</u>				
City WROXBURY State MA Zip 02132			City WROXBURY State MA Zip 02132			Veh Year 2006 Veh Make ACURA Veh Config. <u>2</u>				
Insurance Company NORFOLK DEDHAM MUTUAL			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			Most Harmful Event <u>1</u> <u>23</u>				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>5</u> <u>24</u> <u>24</u>			Driver Contributing Code <u>5</u> <u>24</u> <u>24</u>				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			Underride/Override <u>25</u> Towed <u>N</u>				
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			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			Operator See Above			Operator See Above				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St MA DOB/Age _____			Reg # 1EE149 Reg Type PAN Reg State MA			Veh Year 2005 Veh Make TOYOTA Veh Config. <u>1</u>				
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2005 Veh Make TOYOTA Veh Config. <u>1</u>			Veh Year 2005 Veh Make TOYOTA Veh Config. <u>1</u>				
Operator SYMES THOMAS G			Owner (Same as operator)			Veh Year 2005 Veh Make TOYOTA Veh Config. <u>1</u>				
Address 305 SCHOOL ST			Address _____			Veh Year 2005 Veh Make TOYOTA Veh Config. <u>1</u>				
City WALTHAM State MA Zip 02451			City _____ State _____ Zip _____			Veh Year 2005 Veh Make TOYOTA Veh Config. <u>1</u>				
Insurance Company SAFETY			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			Most Harmful Event <u>1</u> <u>23</u>				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>			Underride/Override <u>25</u> Towed <u>Y</u>				
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			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			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above				

→ 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:

On 10/11/19 at approximately 1719 hrs I responded to the intersection of Vine St and Lagrange St for a MVA. Upon arrival it was confirmed there were no injuries. I spoke to the operator of MV#1 who stated she was behind MV#2 and thought he turned onto Lagrange St from Vine St when she attempted to do the same but rear ended MV#2. I then spoke with the operator of MV#2 who stated he was trying to merge onto Lagrange St from Vine St when he was rear ended by MV#1.

MV#2 was towed by Tody's towing with heavy rear end damage. MV#1 sustained minor front end damage and was able to drive away.

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