

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/07/2019		Time of Crash 18:06 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# Direction Name of Roadway/Street At				EAST 326 FULLER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 # Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001151						1	
License # --- St MA DOB/Age ---				Reg # 6EW823 Reg Type PAN Reg State MA				20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 1				20				13	
Operator FREED RACHEL Last First Middle				Owner (Same as operator) Last First Middle				20				14	
Address 30 CHASKE AVE				Address _____				20				15	
City NEWTON State MA Zip 02466				City _____ State _____ Zip _____				20				16	
Insurance Company AMICA MUTUAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				17	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 20 22 22 22 22				10 Undercarriage				18	
Citation # (If Issued) _____				Most Harmful Event 20 23				5 11 Totaled				19	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				20				20	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				20				21	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				20				22	
Name (Last First Middle) Address				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				20				23	
Operator See Above				1 4 4 0 0 10 1				20				24	
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Fuller Street

#326 Brae Burn Country Club

NOT TO SCALE

MV#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:**

The OP. of MV#1 states while travelling eastbound on Fuller Street near #326, the curb suddenly extended out without warning. She struck the curb and sustained two flat tires and unknown axle damage. The OP. of MV#1 states there are no signs or reflective painting to show motorists that the curb has extended out into the roadway. This and the rain was the contributing factor to her accident. She states she will file a complaint with Newton City Hall about this.

**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

RAYMOND H CHIEU

NEWTON POLICE DEPART

11/07/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date