

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/27/2019	Time of Crash 19:02 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:				
Route# Direction Name of Roadway/Street At			SOUTH 311 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____ Feet [N S E W] of _____ Landmark _____								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001221		
License # --- St RI DOB/Age ---			Reg # 1SKD31 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make JEEP Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____			Operator POLANCO ADALBERTO A			Owner (Same as operator)					
Address 9 BEACHWOOD DR			City CUMBERLAND State RI Zip 02864			Insurance Company GEICO INSURANCE					
Vehicle Travel Direction: [N X E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 22 23 24 24 25			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 5 24 24			Underride/Override 25 Towed N		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								
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			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # VH621 Reg Type PAN Reg State RI			Veh Year 2018 Veh Make TESLA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Endorsment _____			Operator PICARIELLO MICHELA			Owner PEARLSTEIN NICOLE					
Address 1482 WASHINGTON ST			City NEWTON State MA Zip 02465			Insurance Company ARBELLA MUTUAL INSURANCE					
Vehicle Travel Direction: [N X E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 22 23 24 24 25			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 4 24 24			Underride/Override 25 Towed N		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								
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 → Pedestrian

Crash Diagram:

Unit 2
Unit 1
Centre St
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:

MV 1 was changing lanes from the right lane to the left lane southbound on Centre St. When MV 1 changed lanes in front of MV 2, he was rear ended by MV 2.

MV 2 was traveling straight southbound on Centre St when MV 1 changed lanes and crossed in front of her. At this time she rear ended MV 1.

There were no injuries to either party and each operator was advised with an accident report number.

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