

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/08/2019	Time of Crash 17:01 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:			
Route# Direction Name of Roadway/Street At			WEST 301 HOMER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001261	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company USAA			Reg # 713DE3 Reg Type PAN Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 2 20 Owner OLEARY MIRIAM Address 301 HOMER ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ 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			26 27 28 29 30 31 32 33 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							
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator TANASIJEVIC JOVAN Address 43 PARK ST City SOMERVILLE State MA Zip 02143 Insurance Company PROGRESSIVE			Reg # SUMMIT Reg Type PAV Reg State MA Veh Year 2018 Veh Make AUDI 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 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) T2013391 Violation 1: Ch 90/9/B Sec _____ Violation 2: Ch 90/10/A Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 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							
Operator/Non-Motorist			See Above							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

301 Homer St

MV1

MV2

Homer St

NOT TO SCALE

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

If Crash Did Not Occur on a Public Way:

Indicate North by Arrow

Crash Narrative:

MV1 was parked at 301 Homer St (a public way) facing westbound. MV2 was operating westbound on Homer St and struck the rear of MV1. MV1 sustained significant rear end damage and was towed by Tody's. MV2 sustained damage to the front right bumper and wheel well. MV2 was towed by Tody's. No injuries reported. MV2 operator was issued MA Uniform Citation # T2013391 for operating without a license, and unregistered MV.

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