

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/10/2019	Time of Crash 18:47 24HR	City/Town NEWTON	Number Vehicles 4	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 687 WATERTOWN ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001273		
License # --- St MA DOB/Age ---			Reg # 25JL71 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make HONDA Veh Config. 1 20								
Operator TUCKER PATRICIA Last First Middle			Owner (Same as operator) Last First Middle								
Address 289 AUBURNDALE AVE			Address								
City NEWTON State MA Zip 02466			City State Zip								
Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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					
SILVA, CHRISTINA 511 GROVE ST NEWTON, MA			F 3 1 4 4 0 0 10 1								
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 # 534MK7 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2011 Veh Make NISSAN Veh Config. 1 20								
Operator LIGHTFOOT JAMIE Last First Middle			Owner (Same as operator) Last First Middle								
Address 25 MELVILLE AVE			Address								
City NEWTON State MA Zip 02460			City State Zip								
Insurance Company LIBERTY MUTUAL INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			8 7 6					
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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					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Watertown St

Unit 1

P.O.I.

P.O.I.

P.O.I.

P.O.I.

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 stopped at the red light west bound on Watertown St when MV 2 rear ended her.

MV 2 was stopped at the red light west bound on Watertown St when MV 3 rear ended her subsequently striking MV 1.

MV 3 was stopped at the red light west bound on Watertown St when MV 4 rear ended her subsequently striking MV 2.

MV 4 was traveling west bound on Watertown St when he rear ended MV 3. MV 4 stated that he was looking out of the window and not paying attention.

There were no injuries to any party and no tows were required.

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