

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 12/30/2019	Time of Crash 17:36 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
JACKSON RD							9			
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				10			
At			Feet N S E W of _____ • _____ or _____							
WASHINGTON ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				11			
Also at Intersection with			Route# Intersecting Roadway/Street				2			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001346			
License # --- St MA DOB/Age ---			Reg # 6CG941		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014		Veh Make TOYOTA		Veh Config. 1 20			
Operator ARIAS-MERCEDES RAMCES A			Owner (Same as operator)		First Middle		12			
Address 12 PROSPECT ST			Address		First Middle					
City HAVERHILL State MA Zip 01832			City _____ State _____ Zip _____		First Middle					
Insurance Company AMICA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W 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				13			
Operator			See Above		1 4 4 0 0 10 1		NONE			
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 # AM82303		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011		Veh Make MALIBU		Veh Config. 1 20			
Operator DIEZEMANN AMY			Owner (Same as operator)		First Middle					
Address 22 MEADOWVIEW DR			Address		First Middle					
City BROOKFIELD State CT Zip 06804			City _____ State _____ Zip _____		First Middle					
Insurance Company USAA CASUALTY INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W 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 5 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				13			
Operator/Non-Motorist			See Above		1 4 4 0 0 10 1		NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

Jackson Rd

N

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 operator of Vehicle #1 stated that an unknown vehicle in front of him stopped short, causing him to brake suddenly. Vehicle #2 struck his vehicle in the rear as a result.

The operator of Vehicle #2 stated a similar story.

**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