

Commonwealth of Massachusetts

Police Use Only, Motor Vehicle Crash Police Report, RMV Document Number, Date of Crash, Time of Crash, City/Town, Number Vehicles, Number Injured, Speed Limit, State Police, Local Police, MBTA Police, Other.

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

WEST WATERTOWN ST, SOUTH CRAFTS ST, Route#, Direction, Name of Roadway/Street, Address #, Name of Roadway/Street, Feet, Mile Marker, Exit Number, Landmark.

Vehicle 1 Occupants, Hit/Run, Moped, Case Number 200000004

License #, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL, Veh Year, Veh Make, Veh Config, Operator, Owner, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Vehicle Travel Direction, Event Sequence, Most Harmful Event, Driver Contributing Code, Underride/Override, Towed.

Table with columns: 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.

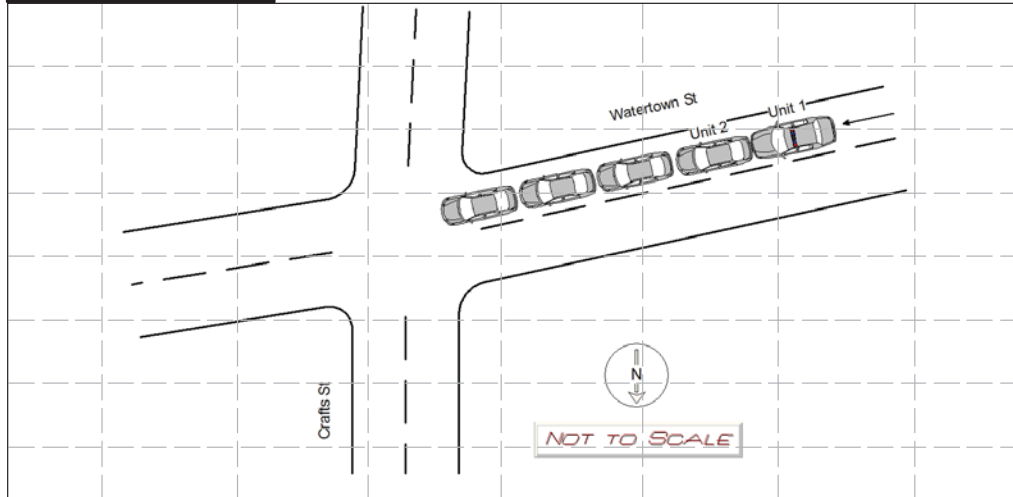
Please Select One of the Following: Vehicle 2 Occupants, Non-Motorist A Type, Action, Location, Condition, Hit/Run, Moped.

License #, Reg #, Reg Type, Reg State, Sex, Lic. Class, Lic. Restrictions, CDL, Veh Year, Veh Make, Veh Config, Operator, Owner, Address, City, State, Zip, Insurance Company, Vehicle Action Prior to Crash, Damaged Area Code, Vehicle Travel Direction, Event Sequence, Most Harmful Event, Driver Contributing Code, Underride/Override, Towed.

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

Crash Diagram:



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:

Op#1 states traffic began to flow when cars ahead stopped suddenly. MV#2 slammed on brakes, resulting in minor contact between push bar of MV#1 contacting MV#2 bumper.

Op#2 affirmed Op#1 statement. Op#2 did not wish to file accident report or exchange information due to minor/non existant damage.

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