

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/05/2020	Time of Crash 17:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
WEST HULL ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH LOWELL AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000017		
License # _____ St MA DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>STEINBERG</u> <u>HANNAH</u> <u></u> Address <u>92 MORRILL ST</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u> Insurance Company <u>GOVERNMENT EMPLOYEE</u>			Reg # <u>9RLV80</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>20</u> Owner <u>STEINBERG</u> <u>MARC</u> <u></u> Address <u>92 MORRILL ST</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>								
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> 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			13								
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			1								
Operator See Above											
Operator											
Operator											
Operator											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>			Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St MA DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator <u>MALONEY</u> <u>ROBERT</u> <u>E</u> Address <u>245 OTIS ST</u> City <u>W NEWTON</u> State <u>MA</u> Zip <u>02465</u> Insurance Company <u>LM GENERAL</u>			Reg # <u>4VE194</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2013</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>6</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>19</u> <u>24</u> <u>4</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>								
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2013600</u> Violation 1: Ch <u>89/8</u> Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved			13								
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			1								
Operator/Non-Motorist See Above											
Operator/Non-Motorist											
Operator/Non-Motorist											
Operator/Non-Motorist											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Hull st Highland St Lowell Ave Unit 2 P.O.I.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

NOT TO SCALE

Crash Narrative:

Vehicle 1 was traveling south on Lowell Ave. Vehicle 2 was turning left onto Lowell Ave from Hull St. Vehicle 2 crashed into the front drivers side corner of Vehicle 1. Vehicle 1 was towed by Tody's. There were no injuries.

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