

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/16/2020		Time of Crash 10:35 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:						9		
NORTH Route# Direction Name of Roadway/Street At EAST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				GEORGE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10	
1				3								2	11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000057					12	
License # --- St MA DOB/Age ---				Reg # 251P Reg Type PAR Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment					1	
Operator MARCH JUSTIN				Veh Year 2019 Veh Make HONDA Veh Config. 1 20								1		
Address 124 BROOKLINE ST				Owner (Same as operator)								1		
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____								1		
Insurance Company GEICO				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)								13		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								1		
Citation # (If Issued) _____				Most Harmful Event 1 23 1 9 10 Undercarriage								1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 5 11 Totaled								1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N 6								1		
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								1		
Operator				See Above								1		
7				3								13		
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		1
License # --- St MA DOB/Age ---				Reg # 2006 Reg Type CON Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment					1	
Operator DESOUZA-NETO ANGELLO				Veh Year 2006 Veh Make FRHT Veh Config. 2 20								1		
Address 268 SHUTE ST (apt. 12)				Owner (Same as operator)								1		
City EVERETT State MA Zip 02149				City _____ State _____ Zip _____								1		
Insurance Company PROTECTIVE				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)								1		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								1		
Citation # (If Issued) _____				Most Harmful Event 1 23 1 9 10 Undercarriage								1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 8 24 24 5 11 Totaled								1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N 6								1		
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								1		
Operator/Non-Motorist				See Above								1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Hyde Ave

George St

Unit 1

Unit 2

Unit 2

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:

Operator 1 stated that he was traveling Northbound on Hyde Ave behind vehicle 2. Operator 2 suddenly stopped short and put his van in reverse, backing into vehicle 1.

Operator 2 stated that he was traveling Northbound on Hyde Ave and missed the turned onto George St. Operator 2 looked in his side view mirror and in appeared to be all clear behind him. Operator 2 put the truck into reverse and started to back up, striking the front of vehicle 1.

Vehicle 1 sustained moderate damage and vehicle 2 sustained minor damage. There were no tows and 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