

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/16/2020		Time of Crash 16:06 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				
Route# Direction Name of Roadway/Street At				SOUTH PARKER ST		Route# Direction Address # Name of Roadway/Street						2 10				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ or _____ Exit Number		.2 Feet N S E W of 9 BOYLSTON ST						11				
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		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 2000000058								
License # --- St MA DOB/Age ---				Reg # 6MB811		Reg Type PAN		Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2003		Veh Make TOYOTA		Veh Config. 2 20								
Operator KIM RODNEY				Owner LAPRE KELLY A									12			
Address 249 EAST ST				Address 249 EAST ST												
City DEDHAM State MA Zip 02026				City DEDHAM		State MA Zip 02026										
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N X E 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													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		-----		---		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 # 2FL138		Reg Type PAN		Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make MERZ		Veh Config. 2 20								
Operator ZHANG ANGELA LR				Owner ZHANG YU												
Address 50 BEACON ST				Address 50 BEACON ST												
City WATERTOWN State MA Zip 02472				City WATERTOWN		State MA Zip 02472										
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N X E 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 97 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/Non-Motorist				See Above		-----		---		1 4 4 0 0 10 1						

→ 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:

Based on observations, and statements made, the following occurred. M/V#1 was traveling south on Parker St. and was stopped with traffic, when M/V#2 rear ended M/V#1.

The operator of M/V#2 stated that as she came over the hill, she saw traffic stopped, and rear ended M/V#1.

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