

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/19/2020	Time of Crash 08:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	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:					
<div><div>EAST</div><div>HIGH</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH PETTEE ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000072			
License # --- St MA DOB/Age ---			Reg # 693AH6		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017		Veh Make TOYOTA		Veh Config. 2 20			
Operator KRONENFELD DAVID			Owner (Same as operator)							
Address 11 ROCKLAND PL			Address							
City NEWTON State MA Zip 02464			City		State		Zip			
Insurance Company AMICA			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 2 22 22 22 22		② ③ 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 2 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 13 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 See Above			-----		--- --- 99 4 99 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 # 1ER773		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019		Veh Make CHEVY		Veh Config. 2 20			
Operator BECKER BERNARD C			Owner ACAR LEASING LTD							
Address 66A THURSTON RD			Address 4001 EMBARCADERO DR							
City NEWTON State MA Zip 02464			City ARLINGTON		State TX		Zip 76014			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 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		5 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			
Operator/Non-Motorist See Above			-----		--- --- 99 4 99 0 0 9 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:

Mv#1 operator was travelling on High St E/B and got blinded by the sun glare. #1 reached for his sunglasses on the visor, as a result veered to the right and struck Mv#2 that was legally parked on the side of High St. #2 operator was sitting in the driver's seat at time of collision. #1 passenger side front end struck #2 drivers side rear end. No injuries however #2 stated his back may have felt stiff from impact but refused an evaluation and said he has a history of back pain. #1 was towed by AAA. #2 was able to be driven away.

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