

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/22/2020		Time of Crash 14:01 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 101 EXETER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10 11 2				
1 1		2 1		3		Vehicle 1 1 #Occupants		Hit/Run		Moped		Case Number 200000085				
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator FRAZIER KYLE Address 20 BRIDGE ST City LAKEVILLE State MA Zip 02347 Insurance Company XL INS AMERICA				Reg # S77158 Reg Type CON Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 2 20 Owner WHEELS LTD Address 666 GARLAND PLACE City DES PLAINES State IL Zip 60016 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12				
5 1				Vehicle Travel Direction: N X E W Responding to Emergency? N 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 1
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 ----- --- 1 4 4 0 0 10 1												
7 1				Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped												
8 1				License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator FRANTZ JANE Address 12 GLASTONBURY OVAL City WABAN State MA Zip 02468 Insurance Company SAFETY				Reg # 777EK4 Reg Type PAN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 20 Owner FRANTZ RICHARD E Address 12 GLUSTONBURY OVAL City NEWTON State MA Zip 02468 Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								
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 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:

On 1/22/2020 at approx 1400 hrs while assigned to 497 I responded to 101 Exeter St for a report of a crash without injury. Upon arrival I met with Kyle FRAZIER who stated he had just pulled his work van to the side of the road when he was struck from behind by the operator of Ma Reg 777EK4 Jane FRANTZ. FRANTZ had left the area after providing FRAZIER with her info due to the minor nature of the crash. FRAZIER stated he is required to have a police report regardless of 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