

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/25/2020	Time of Crash 07:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number							
WEST MILLER RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street							
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 2000000185			
License # --- St NY DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FLYNN ANNA LOUISE Address 142 SEACORD RD City NEW ROCHELLE State NY Zip 10804 Insurance Company STATE FARM			Reg # BCEGLS Reg Type PAS Reg State NY Veh Year 2019 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N							
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 _____			10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code							
Name (Last First Middle) Address Age/DOB Sex			Medical Facility							
Operator See Above			99 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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator STRAUSS WALTER ALEXANDER Address 1550 CENTRE ST City NEWTON State MA Zip 02459 Insurance Company PLYMOUTH ROCK			Reg # 755ZWD Reg Type PAN Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled							
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Name (Last First Middle) Address Age/DOB Sex			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:

Miller Rd

Centre St

MV#1

MV#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:

The operator of MV#1 stated she was travelling southbound on Centre St and had stopped to let MV#2 merge onto Centre St from Miller Rd. The operator of MV#1 stated once MV#2 got onto Centre St, her foot slipped from the pedal causing her to accelerate and striking MV#2 in the rear. MV#1 sustained moderate damages to its front end. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was stationary on Miller Rd attempting to make a left turn onto Centre St. The operator of MV#2 stated MV#1 had stopped to let him merge onto Centre St and was struck from behind by MV#1. MV#2 sustained heavy damages to its rear end. There were no reported injuries to the operator of MV#2.

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