

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/06/2020	Time of Crash 09:21 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 1317 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				2 11			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000219	
License # _____ St MA DOB/Age _____			Reg # 5417ST Reg Type PAN Reg State MA			Veh Year 2012 Veh Make HONDA Veh Config. 2 20			1 12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____			Operator BERTOLINO JOANNA M Last First Middle			Owner (Same as operator) Last First Middle			1 12	
Address 7 BATES RD (apt. 4)			City ARLINGTON State MA Zip 02474			City _____ State _____ Zip _____			1 12	
Insurance Company ARBELLA			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			1 12	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			1 12	
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			1 12	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Diagram: 10 Undercarriage 11 Totaled			1 12	
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 ----- 1 4 4 0 0 10 1 NONE			1 13	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 13	
License # _____ St MA DOB/Age _____			Reg # 2AK332 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make HYUNDI Veh Config. 1 20			1 13	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____			Operator LEVINE SAMUEL Last First Middle			Owner (Same as operator) Last First Middle			1 13	
Address 83 GLENVILLE AVE (apt. 3)			City ALLSTON State MA Zip 02134			City _____ State _____ Zip _____			1 13	
Insurance Company GIECO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			1 13	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			1 13	
Citation # (If Issued) _____			Driver Contributing Code 5 24 24			Underride/Override 25 Towed N			1 13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Diagram: 10 Undercarriage 11 Totaled			1 13	
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 1 10 1 NONE			1 13	

→ 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:**

Vehicle #1 was traveling South on Centre St. and Vehicle #2 was traveling behind Vehicle #1 on Centre St. Vehicle #1 began to stop due to the traffic stopping in front of her for a pedestrian crossing. Vehicle #2 did not stop in time and struck the rear of Vehicle #1 causing damage to the rear of Vehicle #1. No parties were injured. Medical attention declined. Operator #1 stated she was shaken. Operators were advised how to file their reports. No vehicles were towed. All operators and vehicles were active.

**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