

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/12/2020	Time of Crash 22:02 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ Mile Marker _____ Exit Number _____				
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			Feet N S E W of _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000260		
License # _____ St _____ DOB/Age _____			Reg # 6LX318			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2006			Veh Make KIA			Veh Config. 1 20		
Operator _____ Last _____ First _____ Middle _____			Owner MELENDEZ RAUL			Last _____ First _____ Middle _____			Address 145 (apt. 23) LEXINGTON ST		
Address _____			City NEWTON			State MA			Zip 02466		
City _____ State _____ Zip _____			Insurance Company SAFETY			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 99 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 24 24			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			8 7 6		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Operator			See Above		
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20		
			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20			Veh Year _____ Veh Make _____ Veh Config. 20		
			Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			Address _____		
			Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____		
			City _____ State _____ Zip _____			Insurance Company _____			Vehicle Action Prior to Crash 21		
			Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)		
			Citation # (If Issued) _____			Most Harmful Event 23			1 24 24		
			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____		
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			Operator/Non-Motorist			See Above			Operator/Non-Motorist		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

145 Lexington St

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:

Operator #1 states she was traveling southbound on Lexington St driving MA 6YC616 and simply did not see a legally parked car on the side of the road in front of #145 Lexington St. Operator made contact with the left rear side of vehicle #2, MA 9LA119. She then lost control and veered left then right, making contact with vehicle #3 MA 6LX318 before coming to a stop on the grass of 145 Lexington St. Vehicle #3 sustained minor damage to the right rear bumper area and was also parked legally.

Operator #1 signed a patient refusal and vehicle #1 was towed by Tody's with significant front end damage (inventory form filled out). The owners of vehicles #2 and #3 were on scene and were provided with this report number.

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