

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/18/2020		Time of Crash 08:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9	
Route# Direction Name of Roadway/Street At				EAST 17 CRAFTS 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
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	3
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000337							
License # --- St MA DOB/Age ---				Reg # 5SE692 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make JEEP Veh Config. 2 20									
Operator ABBOTT MORGAN Last First Middle				Owner ABBOTT NEIL Last First Middle									
Address 12 SHAWMUT PK				Address 36 RIVER ST									
City NEWTON State MA Zip 02464				City WALTHAM State MA Zip 02453									
Insurance Company COMMERCE				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 1 22 23 22 43 22 22 2				3 4 10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed Y					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	
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 99 4 0 2 9 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 # 449ET8 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009 Veh Make HONDA Veh Config. 1 20									
Operator CHISARI MARIO Last First Middle				Owner (Same as operator) Last First Middle									
Address 26 BROADWAY				Address _____									
City NEWTON State MA Zip 02460				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage 5 11 Totaled					
Citation # (If Issued) _____				Most Harmful Event 1 23				4 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				Underride/Override 25 Towed N					
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/Non-Motorist See Above				----- --- 1 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:

MV#1 was traveling east-bound on Crafts St when it was struck by MV#2 pulling out of the Whole Foods parking lot. MV#1 rolled over and the operator was trapped for a short amount of time. Sgt. Chisholm got Operator #1 out of the vehicle. MV#1 also took down a no parking sign. Traffic took pictures. The operator of MV#1 had minor injuries but signed a refusal after being treated on scene. MV#1 had major damage all over. MV#2 had front end damage. The operator of MV#2 signed a refusal as well and was able to drive his vehicle away from the accident. MV#1 was towed by Tody's towing.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	,		3	1 NO PARKING SIGN POLE

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