

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 07/22/2020		Time of Crash 07:35 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				
SOUTH LEXINGTON ST												2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10				
At				Feet N S E W of _____ or _____												
RUMFORD AVE				Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11				
Also at Intersection with				Route# Intersecting Roadway/Street								2				
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 200000397								
License # --- St MA DOB/Age ---				Reg # EV5964 Reg Type PAN Reg State MA												
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2013 Veh Make FORD Veh Config. 1 20												
Operator BALMA MEGAN A				Owner (Same as operator)									12			
Address 212 ROBBINS ST				Address _____												
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____												
Insurance Company ALLSTATE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6 7 8								
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					1			
Operator See Above				-----				1 4 4 0 0 10 1				NONE				
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 # JZ3716 Reg Type PAN Reg State WI												
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2003 Veh Make JEEP Veh Config. 2 20												
Operator YOUNG CHARLES				Owner (Same as operator)												
Address 223 CONCORD TURNPIKE (apt. 326)				Address _____												
City CAMBRIDGE State MA Zip 02140				City _____ State _____ Zip _____												
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6 7 8								
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				NONE				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Rumford Ave

Lexington Street

Unit 1

Unit 2

River Street

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 traveling south on Lexington St approaching the intersection of Rumford Ave when her traffic light turned yellow and she slowed to a stop. MV#1 was then rear ended by MV#2.

The operator of MV#2 stated he was also traveling south on Lexington St directly behind MV#1, when MV#1 stopped suddenly and MV#2 rear ended MV#1.

No injuries, no tows.

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

GEORGE M CLAFLIN

NEWTON POLICE DEPT

07/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date