

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/22/2020		Time of Crash 17:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	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 NEEDHAM ST										2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10				
At				Feet N S E W of _____ or _____										
SOUTH WINCHESTER ST														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____						11				
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street						2				
				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000400						
License # --- St MA DOB/Age ---				Reg # 8KJ252 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make FORD Veh Config. 1 20										
Operator MACKENZIE LYNNE				Owner (Same as operator)								12		
Address 627 WOODMAN ST (apt. 2)				Address _____										
City FALL RIVER State MA Zip 02724-1817				City _____ State _____ Zip _____										
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 22 2				10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved												13		
Name (Last First Middle) Address Age/DOB Sex				Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above				1 4 1 0 0 10 1										
MACKENZIE, JESSICA 277 WILLIAMS ST N. DIGHTON, MA 02764				F 3 1 4 1 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 ---				Reg # 2FGD61 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20										
Operator WIDMAN SARAH				Owner TOYOTA LEASE TRU										
Address 11 ETNA ST.				Address PO BX 105386										
City BRIGHTON State MA Zip 02135-2301				City ATLANTA State GA Zip 30348										
Insurance Company NORFLK DEDHAM MUT				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 22 2				10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved														
Name (Last First Middle) Address Age/DOB Sex				Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above				1 4 1 0 0 8 2										

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/22/2020		Time of Crash 17:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	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		
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10	
						Feet N S E W of _____ • _____ or _____ 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							11	
2						Feet N S E W of _____ Landmark								
3	<input checked="" type="checkbox"/> Vehicle 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000400							
	License # --- St MA DOB/Age ---					Reg # 96N390 Reg Type PAN Reg State MA								
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					Veh Year 2016 Veh Make LEXUS Veh Config. 1 20								
4	Operator NODA TORI					Owner TOYOTA FINANCIAL							12	
	Address 18 BAYSIDE ST (apt. 2)					Address BOX 105386								
	City DORCHESTER State MA Zip 02125-4552					City ATLANTA State GA Zip 30348								
	Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANC					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
5	Vehicle Travel Direction: N X E W Responding to Emergency? N					Event Sequence 1 22 1 22 22 22 2 3 4								
	Citation # (If Issued) _____					Most Harmful Event 1 23 0 9 10 Undercarriage								
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 1 24 5 11 Totaled								
6	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N 8 7 6								
	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													
	RYUS, ELIZABETH 1715 COMMONWEALTH AVE (apt 11) BRIGHTON, MA 02135													
	CRAWFORD, JESSYE 1111 GREEN ST. (apt 102) JAMAICA PLAIN, MA 02130													
7	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								
	Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____					Veh Year Veh Make Veh Config. 20								
	Operator _____					Owner _____								
	Address _____					Address _____								
	City _____ State _____ Zip _____					City _____ State _____ Zip _____								
	Insurance Company _____					Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: N S E W Responding to Emergency? _____					Event Sequence 22 22 22 22 2 3 4								
	Citation # (If Issued) _____					Most Harmful Event 23 1 9 10 Undercarriage								
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 24 24 5 11 Totaled								
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed _____ 8 7 6								
	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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Winchester St
Needham St
NOT TO SCALE

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:

MV1 was traveling Southbound on Winchester St. MV1 was merging onto Needham St. where there was a yield sign. MV2 was traveling directly behind MV1 on Winchester St. MV2 front end made contact with MV1 rear. MV3 was traveling directly behind MV2 on Winchester St. MV3 front end made contact with MV2 rear. The driver of MV2 was taken by the medics. MV1 and MV3 reported no injuries. All three vehicles were driven away.

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