

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/23/2020	Time of Crash 12:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	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:					
HAMMOND ST								2 9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of _____ or _____							
HAMMONDSWOOD RD			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					3		
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000401			
License # --- St MA DOB/Age ---			Reg # 56MN47		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2003		Veh Make HONDA		Veh Config. 1 20			
Operator JOSEPH MONICA			Owner (Same as operator)		First Middle		1 12			
Address 15 HAUTEVALE STREET			Address		First Middle					
City ROSLINDALE State MA Zip 02131			City		State Zip					
Insurance Company VERMONT MUTUAL INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		0 1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			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		13			
Name (Last First Middle) Address			Age/DOB Sex				1			
Operator See Above			-----		---					
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 # 999PP1		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2018		Veh Make SUBARU		Veh Config. 2 20			
Operator CASE PATRICIA L			Owner (Same as operator)		First Middle					
Address 1 WESTINGHOUSE PLZ			Address		First Middle					
City HYDE PARK State MA Zip 02136			City		State Zip					
Insurance Company AMICA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 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			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			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					
Name (Last First Middle) Address			Age/DOB Sex							
Operator/Non-Motorist See Above			-----		---					

→ 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:

Operator of Motor Vehicle #1 stated that she was traveling Westbound on Hammond Street and all of a sudden a vehicle crossed in front of her and did not have time to stop. Operator of Motor Vehicle #1 stated she attempted to swerve right to avoid impact. Motor Vehicle # 1 sustained heavy front end damage.

Operator of Motor Vehicle #2 stated that she was traveling Northbound on Hammondswood Road and stopped at the stop sign at the intersection of (Hammondswood Road & Hammond Street). Operator of Motor Vehicle # 2 stated that she looked both ways and then proceeded to drive forward and was then struck by Motor Vehicle #1 in what appeared to be traveling at a high rate of speed. Motor Vehicle #2 sustained major passengers side damage.

Both parties sustained minor injuries and both parties signed medical refusal forms.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
POLISHCHUK, YEVHENIY,	5737 W SCHOOL STREET CHICAGO,IL 60634	-----	Y

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

♀ Pedestrian

CDP1 11 -24:00