

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 08/10/2020	Time of Crash 21:48 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
EAST Route# Direction Name of Roadway/Street At OBER RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000444			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HARNEY JOHN J Address 14 GLORIA RD City WEST ROXBURY State MA Zip 02132 Insurance Company LIBERTY MUTUAL			Reg # 274YF7 Reg Type PAN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 20 Owner CONSTRUCTION DW WHITE Address 867 MIDDLE RD City ACUSHNET State MA Zip 02743 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 21 22 22 22 22 2 3 4 Most Harmful Event 21 23 10 Undercarriage Driver Contributing Code 12 24 24 5 11 Totaled Underride/Override 25 Towed Y									
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 3 1 0 0 10 1									
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 --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator --- Address --- City --- State --- Zip --- Insurance Company --- Vehicle Travel Direction: N S E W Responding to Emergency? --- Citation # (If Issued) --- Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec --- Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Reg # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed ---									
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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 --- --- ---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Off-Street Parking Lot
Garage
Mall/Shopping Center
Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of MV1 states that he was driving eastbound on Brookline street when another motor vehicle entered his lane of traffic head on causing him to swerve to the right and hit two city trees. No other vehicle remained on scene.

MV1 sustained major damage and was towed from the scene by Todys.

Due to significant airbag deployment medics evaluated the operator of MV1 who signed a patient refusal.

Pictures of the city trees were submitted to IT.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 02		3	CITY TREES

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