

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 08/21/2020		Time of Crash 15:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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 2345 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10				
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000468					2			
License # --- St MA DOB/Age ---				Reg # 8686VY Reg Type PAN Reg State MA									9			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20									10			
Operator REYNOLDS ELVIRA L				Owner (Same as operator)									11			
Address 9 BLUEBERRY PATH				Address									12			
City YARMOUTHPORT State MA Zip 02675				City State Zip									1			
Insurance Company SAFETY				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled								
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					1			
Operator See Above				-----				1 4 99 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 # 4SR845 Reg Type PAN Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2012 Veh Make FORD Veh Config. 1 20												
Operator BARLETTA VINCENT M				Owner BARLETTA VINCENT F												
Address 6 GLENFELD EAST				Address 40 (apt. 200) SHAWMUT RD												
City WESTON State MA Zip 02493				City CANTON State MA Zip 02021												
Insurance Company SAFETY				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 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
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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 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

2345 Commonwealth Avenue

Commonwealth Avenue

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:

Vehicle 1 was traveling east bound on Commonwealth Avenue. Operator of vehicle 1 states she was slowing down to make a left turn into the parking lot of the Marriott Hotel, when she was struck from the rear. Operator of Vehicle 2 states he was traveling east on Commonwealth Avenue. Vehicle 1 began to slow and the operator of vehicle 2 states he tried to slow down, when his foot slipped off the brake pedal. Vehicle 2 struck the rear of vehicle 1 then came to rest against a tree in the grassy median. Both operators signed patient refusals. Vehicle 2 was towed by Todys, due to leaking fluids.

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 0	617-796-1000	3	CITY TREE

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