

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/27/2020	Time of Crash 13:55 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 141 NEEDHAM ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of 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				Feet N S E W of Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000480		
License # --- St MA DOB/Age ---			Reg # 7XP557 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL ---			Veh Year 2007 Veh Make JEEP Veh Config. 2 20		
Operator JOURDAN JACQUELINE MARIE			Owner (Same as operator)			Address			Address		
Address 4 LESTER ST			City NEEDHAM State MA Zip 02494			City State Zip			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY			Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Violation 3: Ch Sec Violation 4: Ch Sec											
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 See Above			Operator/Non-Motorist See Above		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 2FEA61 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2019 Veh Make TOYOTA Veh Config. 2 20		
Operator CONNOR DONAHUE M			Owner (Same as operator)			Address			Address		
Address 19 ELMORE ST			City NEWTON State MA Zip 02459			City State Zip			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company USAA CASUALTY			Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 20 24 19 24			Underride/Override 25 Towed Y		
Violation 3: Ch Sec Violation 4: Ch Sec											
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			Operator/Non-Motorist See Above		
REDDING, SOPHIA			646 BERGEN AVE JERSEY CITY, NJ 07304								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Needham St

MV#2 MV#1

141 Needham St

N

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 was travelling westbound on Needham St when she was struck from behind by MV#2. I did not observed any visible damages to the rear end of MV#1. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling westbound on Needham St directly behind MV#1 when he looked down momentarily to turn on his wipers and struck MV#1. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2 or its passenger.

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