

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 08/28/2020		Time of Crash 17:45 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:																																																																						
<div>WEST CABOT ST. Route# Direction Name of Roadway/Street At NORTH WALNUT ST. Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark</div>																																																																								
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Walnut St.

Cabot St.

MV 2

MV 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Friday, August 28, 2020 MV1 was traveling Northbound on Walnut St. when it crashed into the rear end of MV2 that was stopped at the intersection of Walnut St. and Cabot St. MV2 stated she was stopped at a red light and was rear ended. MV1 stated she drove into the rear end of MV2 and that she did not see the vehicle stopped. The front end of MV1 showed severe damage and was towed from the scene by Tody's Towing. The rear end of MV2 showed damage as well, but mainly scratches. All persons involved were evaluated by Cataldo Ambulance Service and all refused treatment.

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