

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 09/18/2020	Time of Crash 21:20 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 1	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:				
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At						NORTH 300 WALNUT ST													
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Route# Direction Address # Name of Roadway/Street													
Route# Direction Name of Intersecting 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 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000534									
License # --- St MA DOB/Age ---						Reg # CI9 Reg Type PAS Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment							
Operator MCKAY ALISON J						Owner MCKAY MICHAEL						Veh Year 2012 Veh Make LEXUS Veh Config. 1 20							
Address 536 WALNUT ST						Address 536 WALNUT ST						City NEWTON State MA Zip 02460							
Insurance Company LM GENERAL						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 20 22 22 22 22							
Vehicle Travel Direction: X S E W Responding to Emergency? N						Most Harmful Event 20 23						Driver Contributing Code 97 24 24							
Citation # (If Issued) T1445419						Underride/Override 25 Towed Y						10 Undercarriage 5 11 Totaled							
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																			
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 ---						Reg # --- Reg Type --- Reg State ---						Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Endorsment							
Operator --- Last First Middle						Owner --- Last First Middle						Veh Year --- Veh Make --- Veh Config. 20							
Address ---						Address ---						City --- State --- Zip ---							
Insurance Company ---						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 22 22 22 22 22							
Vehicle Travel Direction: N S E W Responding to Emergency? ---						Most Harmful Event 23						Driver Contributing Code 24 24							
Citation # (If Issued) ---						Underride/Override 25 Towed ---						10 Undercarriage 5 11 Totaled							
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---						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																			

→ 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:

MV was travelling n/b on Walnut St, struck the curb causing major front end damage and came to rest in the oncoming traffic lane. Tody's Towing removed the vehicle & the operator was arrested for OUI drugs, negligent operation, & marked lanes.

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 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