

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/07/2020	Time of Crash 09:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
SOUTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____							
CHESTNUT ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			FULLER ST Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000581			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>2KWK51</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2019</u> Veh Make <u>KIA</u> Veh Config. <u>2</u> <u>20</u>				
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2019</u> Veh Make <u>KIA</u> Veh Config. <u>2</u> <u>20</u>			Owner (Same as operator) _____				
Operator <u>MARTIN</u> <u>TAMMERAH</u> Last First Middle			Address _____			City _____ State _____ Zip _____				
Address <u>43 HALCYON ROAD</u>			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Insurance Company <u>NORFOLK & DEDHAM INSURANCE</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>			Most Harmful Event <u>1</u> <u>23</u>				
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <u>X</u> Responding to Emergency? <u>N</u>			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>				
Citation # (If Issued) _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
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 ----- --- 3 2 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		Operator See Above ----- --- 1 4 99 0 0 10 1			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>5KG183</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2016</u> Veh Make <u>SUBARU</u> Veh Config. <u>2</u> <u>20</u>				
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2016</u> Veh Make <u>SUBARU</u> Veh Config. <u>2</u> <u>20</u>			Owner (Same as operator) _____				
Operator <u>PEACEMAN</u> <u>DANIEL</u> Last First Middle			Address _____			City _____ State _____ Zip _____				
Address <u>29 HALL STREET (apt. 3)</u>			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
Insurance Company <u>STATEFARM</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>			Most Harmful Event <u>1</u> <u>23</u>				
Vehicle Travel Direction: <u>N</u> <u>X</u> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>				
Citation # (If Issued) _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)				
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 → Pedestrian

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:

Operator of Motor Vehicle # 1 stated she was traveling Westbound on Fuller Street. She came to a complete stop at the stop sign and was then attempting to cross chestnut street to continue Westbound on Fuller Street. Operator of Motor Vehicle #1 stated traffic was stopped on Chestnut Street due to the traffic light and she was able to slowly cut across Chestnut Street. Operator of motor Vehicle #1 stated she looked before crossing completely over and did not see Motor Vehicle #2 that was traveling Southbound on Chestnut Street. Operator of Motor Vehicle #2 stated that he was traveling Southbound onto Chestnut Street and motor vehicle # 1 crossed in front of his vehicle and was unable to stop in time and struck Motor Vehicle #1. Motor Vehicle # 1 sustained major passengers side damage, and Motor Vehicle # 2 sustained moderate front end damage.

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