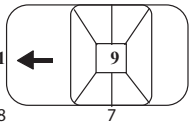
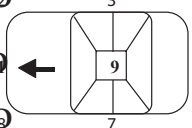


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/10/2020	Time of Crash 11:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
NORTH CENTRE ST Route# Direction Name of Roadway/Street At EAST PAUL ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			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							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000590			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BERANGER SUSAN Address 89 VALLEY RD City NEEDHAM State MA Zip 02492 Insurance Company NORFOLK & DEDHAM MUTUAL FIRE			Reg # 8AA316 Reg Type PAN Reg State MA Veh Year 2014 Veh Make LEXUS Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator			See Above		Age/DOB --- Sex ---		99 4 4 0 0 8 1		13 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 NH DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LAFOND ALEC EDWARD Address 29 CAPRON RD (apt. 48) City MIFORD State NH Zip 03055 Insurance Company GEICO			Reg # 4749331 Reg Type PAN Reg State NH Veh Year 1999 Veh Make CHEVY Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 20 24 19 24 Underride/Override 25 Towed N 							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator/Non-Motorist			See Above		Age/DOB --- Sex ---		99 1 4 0 0 10 1		13 1	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Paul St

Centre St

MV#1

MV#2

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 northbound on Centre St when she stopped for a pedestrian attempting to cross at the intersection of Paul St. The operator of MV#1 stated she was then struck from behind by MV#2. MV#1 sustained moderate damages to its rear end along with under carriage damages. The operator of MV#1 stated her head struck the steering wheel but she refused medical attention.

The operator of MV#2 stated he was travelling northbound on Centre St when he dropped his cigarette and looked down to reach it. The operator of MV#2 stated when he looked back up it was too late and struck MV#1. MV#2 sustained heavy front end damages with both front airbags deployed. The operator of MV#2 stated he was not injured and refused medical attention.

Both involved vehicles were legally parked and arranged for their own tows for further assistance.

**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