

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/29/2020	Time of Crash 18:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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:					
<div><div>EAST</div><div>BEACON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>WALNUT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000623			
License # --- St MA DOB/Age ---			Reg # 65Y630		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018		Veh Make TESLA		Veh Config. 1 20			
Operator CHERNOBAEVA ANNA Last First Middle			Owner (Same as operator)		Last First Middle					
Address 140 ALLEN AVE			Address		City State Zip					
City NEWTON State MA Zip 02468			City State Zip		Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company GENERAL			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 1 23		1 9		11 Totaled			
Citation # (If Issued)			Driver Contributing Code 19 24 24		8 7 6					
Violation 1: Ch Sec Violation 2: Ch Sec			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			-----		1 4 99 0 0 10 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 MA DOB/Age ---			Reg # 2AYZ71		Reg Type PAN		Reg State MA			
Sex Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2005		Veh Make HONDA		Veh Config. 1 20			
Operator QUEZADA PHOENIX MERCEDES Last First Middle			Owner (Same as operator)		Last First Middle					
Address 22 KIPPY DR			Address		City State Zip					
City NEWTON State MA Zip 02468			City State Zip		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company SAFETY			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 1 23		1 9		5 11 Totaled			
Citation # (If Issued)			Driver Contributing Code 5 24 24		8 7 6					
Violation 1: Ch Sec Violation 2: Ch Sec			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/Non-Motorist See Above			-----		1 4 99 0 0 10 1					

→ 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:

The operator of MV1 stated that she was traveling north bound in the left hand turn lane on Walnut street in front of the Mobile station. Operator had to stop short because she did not think she could make it through the yellow light causing MV2 to rear end her vehicle.

The operator of MV2 stated that MV1 stopped short not giving them enough time to stop, subsequently causing MV2 to rear end MV1.

There was no damage to MV2 and insignificant damage to the rear bumper of MV1. Neither operator was injured and both vehicles were driven from the scene.

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