

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/11/2020	Time of Crash 07:04 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:									
EAST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ NORTH LEXINGTON 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 200000660							
License # _____ St MA DOB/Age _____ Sex M Lic. Class B 18 M 18 Lic. Restrictions 1 19 CDL _____ Operator CLOE CHARLES G Address 59 RESAERVOIR AVE City REVERE State MA Zip 02151 Insurance Company SAFETY			Reg # 84676 Reg Type CON Reg State MA Veh Year 2019 Veh Make MACK Veh Config. 6 20 Owner EZ DISPOSAL SERVI Address 20 RAILROAD ST City REVERE State MA Zip 02151 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ 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			See Above		-----		---		---		1 4 4 0 0 10 1 N.A			
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 _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ABRANTES DAVID Address 55 HARDING ST City MILFORD State MA Zip 01757 Insurance Company COMMERCE			Reg # S85180 Reg Type CON Reg State MA Veh Year 2016 Veh Make RAM Veh Config. 2 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 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ 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		-----		---		---		1 4 4 0 0 10 1 N.A			

→ 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:**

On 11/11/20 at approximately 0710 hours, I responded to the intersection at Commonwealth Ave and Lexington St for a two vehicle accident.

Operator 1 stated that he was stopped at traffic light and felt a large hit from the rear of his vehicle. His vehicle had minor damage and reported no injuries.

Operator 2 stated that he was reaching to turn off his GPS and had rear ended the vehicle in front of him. His vehicle had major damage and was towed by Triple A. Hed reported no injuries.

**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