

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/13/2020	Time of Crash 12:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 430 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				2 11			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000732	
License # _____ St MA DOB/Age _____			Reg # 2MCT90 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make HONDA Veh Config. 2 20			1 12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make HONDA Veh Config. 2 20			Operator ANDRE MARIE D			1 12	
Address 40 ABERDEEN ST			City NEWTON State MA Zip 02461			Insurance Company GEICO			1 12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)			1 12	
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			1 12	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 2 21			1 12	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Vehicle Action Prior to Crash 2 21			1 12	
Operator			See Above			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1 13	
ANTHONY, GEORGIA, M			300 SECOND AVE (apt 1171) NEEDHAM, MA 02494			99 4 4 0 0 8 1 NONE			1 13	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1 13	
License # _____ St MA DOB/Age _____			Reg # 789LT7 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make CHRYSLER Veh Config. 2 20			1 13	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make CHRYSLER Veh Config. 2 20			Operator PUGATCH MICHAEL G			1 13	
Address 98 SPRUCE RD			City NORWOOD State MA Zip 02062			Insurance Company STANDARD FIRE			1 13	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)			1 13	
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			1 13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 3 21			1 13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Vehicle Action Prior to Crash 3 21			1 13	
Operator/Non-Motorist			See Above			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1 13	
PUGATCH, JOYCE			98 SPRUCE RD NORWOOD, MA 02062			99 4 4 0 0 10 1 NONE			1 13	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

430 Centre St

Centre St

Washington St

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of MV#1 stated she was stationary at 430 Centre St attempting to make a right turn onto Washington St when she was struck from behind by MV#2. MV#1 sustained moderate damages to its entire rear bumper. The operator of MV#1 stated she sustained non-incapacitating injuries to her neck and back area but refused medical attention and will seek evaluation at a later time. The front seat passenger of MV#1 did not report any injuries.

The operator of MV#2 stated he was travelling on Centre St directly behind MV#1 also attempting to make a right turn onto Washington St. The operator of MV#2 stated he was looking towards his left side and took his foot off the brakes momentarily and struck MV#1. MV#2 sustained minor damages to its front bumper. There were no reported injuries to the operator of MV#2 or the front seat passenger. Neither vehicle was towed.

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