

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/22/2020	Time of Crash 11:56 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>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>2916 WEST 1357 WASHINGTON ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>2Feet N S E W of _____ Landmark</div>								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000765		
License # --- St MA DOB/Age ---			Reg # 5CJ866 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make JEEP Veh Config. 2 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Operator MURPHY BETH CARYL Last First Middle			Owner (Same as operator) Last First Middle			Address _____		
Address 58 ALGONQUIAN DRIVE			City NATICK State MA Zip 01760			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
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 # 597NK7 Reg Type PAN Reg State MA			Veh Year 2009 Veh Make CHRYSLER Veh Config. 2 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Operator MORSE JAMES Last First Middle			Owner (Same as operator) Last First Middle			Address _____		
Address 315 PLYMOUTH STREET			City MIDDLEBOROUGH State MA Zip 02346			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company STANDARD FIRE INSURANCE COMAPNY			Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 13 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ 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 that she was traveling Westbound on Washington Street and as she was slowing down for the red light was struck from behind by motor vehicle #2. Motor vehicle #1 sustained moderate rear end damage.

Operator of Motor Vehicle #2 stated that he was traveling Westbound on Washington Street and due to the glare of the sun struck motor vehicle #1 from behind. Motor vehicle #2 sustained moderate front end damage. There were no injuries due to this accident and 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 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