

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 05/04/2021	Time of Crash 11:57 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			SOUTH 143 BRIDGE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000311	
License # --- St MA DOB/Age ---			Reg # 5YF818 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make TOYOTA Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner WALTHAM CITY OF			Address 155 LEXINGTON ST				
Operator MANNING RICHARD			City WALTHAM State MA Zip 02452			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)	
Address 155 LEXINGTON ST			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
City WALTHAM State MA Zip 02452			Underride/Override 25 Towed N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	
Insurance Company SELF-INSURED			Vehicle Travel Direction: N X E W Responding to Emergency? N			Citation # (If Issued) _____			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				
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 # 9HE850 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make HONDA Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner MCADAMS THOMAS J			Address 23 AUDUBON DRIVE				
Operator MCADAMS ANTOINETTE MARIA			City WALPOLE State MA Zip 02081			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 23 AUDUBON DRIVE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 97 24 24	
City WALPOLE State MA Zip 02081			Underride/Override 25 Towed N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	
Insurance Company USAA CASUALTY INSURANCE COMPANY			Vehicle Travel Direction: N X E W Responding to Emergency? N			Citation # (If Issued) _____			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				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

143 Bridge Street

Bridge Street

Motor Vehicle 2

Motor Vehicle 1

NOT TO SCALE

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:**

Motor vehicle 1 (MV1) stopped in traffic facing southbound in front of 143 Bridge Street when motor vehicle 2 (MV2), which was also stopped in traffic behind MV1, let off the break and crashed into the rear of MV1. As a result of the crash MV1 sustained very minor rear end damage, while MV2 sustained very minor front end damage.

**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