

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/11/2021	Time of Crash 16:22 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 6 CROCKER CIR				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street				
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000331		
License # --- St MA DOB/Age ---			Reg # 2ZRJ49 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment			Veh Year 2006 Veh Make HONDA Veh Config. 2 20		
Operator BENTUM GEOFFREY			Owner (Same as operator)			Address			Address		
City WALTHAM State MA Zip 02452			City State Zip			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY			Event Sequence 1 22 22 22 22			Most Harmful Event 10 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 11 Totaled		
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 RI DOB/Age ---			Reg # OT295 Reg Type PAS Reg State RI			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make AUDI Veh Config. 2 20		
Operator BUCHHOLZ JOHN F			Owner (Same as operator)			Address			Address		
City PROVIDENCE State RI Zip 02906			City State Zip			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company USAA			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 5 24 24		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued)			10 Undercarriage 11 Totaled		
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 → Pedestrian

Crash Diagram:

Chestnut St

Otis St

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:

On 5/11/21 at approximately 1630 hours, I responded to the area of Crocker Cir and Chestnut St for a two car accident.

Operator 1 stated that he was driving southbound on Chestnut st when a vehicle in front of him had stopped short in causing him to stop short as well. He stated that he was rear ended by Operator 2. He reported no injuries and his vehicle had minor damage.

Operator 2 stated that he was driving southbound on Chestnut st when he attempted to stop in time but had rear ended Operator 1. He reported no injuries but his vehicle major damage. He arranged a tow through Audi dealership.

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