

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/26/2021		Time of Crash 08:49 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 313 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000382			2
4				License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____ Operator COLLINS JR JOHN P Address 18 GLIDE ST City DORCHESTER State MA Zip 02122 Insurance Company LIBERTY MUTUAL FIRE				Reg # T11087 Reg Type CON Reg State MA Veh Year 2018 Veh Make INTL Veh Config. 6 20 Owner EVERSOURCE ENER Address 1165 MASSACHUSETTS AVE City BOSTON State MA Zip 02119 Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				12	
5				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 11 Totaled				13	
6				Please fill out for operator and all occupants involved				1				13	
7				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				1				13	
8				License # --- St MA DOB/Age --- Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____ Operator POCCIO JR ANTHONY P Address 238 WALNUT ST City SAUGUS State MA Zip 01906 Insurance Company GEICO Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 61E330 Reg Type PAN Reg State MA Veh Year 2006 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 1 22 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y				13	
9				Please fill out for operator and all occupants involved				1				13	
10				Operator/Non-Motorist See Above				1				13	

→ 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:

Oper of Veh # 1 stated that he was stopped at red light on Washington Street when he was rear ended by vehicle # 2.

Oper of Veh # 2 stated that Veh # 1 hit his brakes hard and he was unable to stop in time.

Oper # 1 transported by medics due to back pain.

Veh # 2 towed by Todys.

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