

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/08/2021	Time of Crash 13:33 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:					9	
EAST WASHINGTON ST Route# Direction Name of Roadway/Street At EAST COMMONWEALTH AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							2 10 11 4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000410				12
License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MARTIN JESSICA Last First Middle Address 211 VAN NORDEN RD City READING State MA Zip 01867 Insurance Company SAFETY			Reg # 41H170 Reg Type PAN Reg State MA Veh Year 2019 Veh Make VOLVO Veh Config. 2 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 6 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							1	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility							13	
Operator			See Above		-----		---		3 4 4 0 0 10 1		1
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		1
License # --- St NH DOB/Age -- -- Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL T Operator MIGUEL DAVID Last First Middle Address 24 COTTONWOOD DR City HUDSON State NH Zip 03051 Insurance Company EMPLOYERS MUTUAL			Reg # 75181 Reg Type CON Reg State MA Veh Year 2018 Veh Make PTRB Veh Config. 10 20 Owner D&R PAVING Last First Middle Address 732 NEWBURYPORT TURNPIKE City NEWBURYPORT State MA Zip 02176 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled							1	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility							1	
Operator/Non-Motorist			See Above		-----		---		1 4 4 0 0 10 1		1

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian

ie: → 1    → 2    → ○

**Crash Diagram:**

Washington St

Comm Av W/B

Comm Av E/B

Veh 1

Veh 2

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 6/8/2021 at approx 1333hrs while assigned to 497 I responded to the area of Washington St at Commonwealth Av for a report of a two car crash without injuries. Upon arrival I met with Detail Sgt Selig who was working the Washington St detail. Washington St was being prepped for asphaltting by D&R contracting and the double lanes were narrowed to single on Washington St from the east side of Commonwealth Av. When the operator of Ma Reg 41H170, Jessica Martin was trying to merge into the single lane her front right tire touched the rear of D & R Contractors low bed trailer causing her tire to go flat and very minor scrapping on her right front tire well.

**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