

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 06/23/2021	Time of Crash 11:28 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:						
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:											
														2					
Route# Direction Name of Roadway/Street At				30 EAST 2090 COMMONWEALTH AVE										10					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker Exit Number										2					
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street Landmark										11					
Vehicle 1 Occupants				Hit/Run		Moped		Case Number 2100000462								4			
License # St MA DOB/Age Reg # 2868YT Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Veh Year 2012 Veh Make HOND Veh Config. 1 20										12					
Operator PUCCI JOANNE Address 21 RICE ST City WELLESLEY State MA Zip 02481 Insurance Company COMMERCE				Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										1					
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued)				Event Sequence 1 22 22 22 22 Most Harmful Event 31 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y										13					
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										1					
Operator See Above				NONE															
Please Select One of the Following:				Vehicle 2 Occupants		Non-Motorist A Type		14 Action 15 Location 16 Condition 17		Hit/Run Moped									
License # St MA DOB/Age Reg # 5MV957 Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Veh Year 2016 Veh Make HOND Veh Config. 1 20										13					
Operator BORNSTEIN JUDITH Address 160 STANTON AVE (apt. 239) City NEWTON State MA Zip 02465 Insurance Company AMICA				Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)										1					
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued)				Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y										1					
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator/Non-Motorist See Above				NONE															
TRACEY, BRENDA 50 GREEN ST BROOKLINE, MA 02445				F 3 1 4 4 0 0 10 1 NONE															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

The operator of MV#1 states that she was traveling east on Commonwealth Ave approaching Lexington St in the left hand lane when MV#2 entered her travel lane and crash occurred.

The operator of MV#2 states that she was also traveling east on Commonwealth Ave approaching Lexington St in the right hand lane, but had signaled that she was about to enter the left hand lane when crash occurred with MV#1.

Both MV's sustained minor damaged, no tows and no injuries.

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