

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/23/2021	Time of Crash 16:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
WEST BEACON ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
NORTH HAMMOND ST					Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000463				
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>7NJC20</u> Reg Type <u>PAN</u> Reg State <u>MA</u>					
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2013</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>ANDREW PHILIPS</u> <u>L</u>					Owner <u>(Same as operator)</u>					
Address <u>30 HAGEN RD</u>					Address _____					
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>					City _____ State _____ Zip _____					
Insurance Company <u>USAA</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u>					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>11</u> Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override <u>25</u> Towed <u>N</u>					
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										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St <u>MA</u> DOB/Age _____					Reg # <u>AN196E</u> Reg Type <u>APN</u> Reg State <u>NJ</u>					
Sex <u>M</u> Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2010</u> Veh Make <u>KEN</u> Veh Config. <u>6</u> <u>20</u>					
Operator <u>GREEN ROBERT</u> <u>MACKENZIE</u>					Owner <u>TAYLOR OIL CO</u>					
Address <u>1 MAIN ST (apt. 203)</u>					Address <u>77 SECOND STREET</u>					
City <u>PEABODY</u> State <u>MA</u> Zip <u>01960</u>					City <u>SOMERVILLE</u> State <u>NJ</u> Zip <u>08876</u>					
Insurance Company <u>CONSTRUCTION RISK PARTNERS</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u>					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>11</u> Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>13</u> <u>24</u> <u>5</u> <u>24</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override <u>25</u> Towed <u>N</u>					
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										

→ 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:

MV 1 was traveling westbound on beacon street, operator 1 stated he was proceeding to drive straight on Beacon St when MV 2 rear ended MV 1. Operator of MV 1 was checked out by medics on scene and signed a patient refusal.

MV 2 was traveling westbound on Beacon St when he rear ended MV1. MV2 stated that there was solar glare. Operator 2 stated due to the height difference of vehicles it was hard to see the distances between each car.

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 # AN196E (From Vehicle Section)

Carrier Name TAYLOR OIL Carrier Issuing Authority Code 35

Address 77 SECOND City SOMERVILLE St Zip 08876

US DOT #: 0288497 State Number Issuing State NEW JER ICC #: Interstate 1 36

Cargo Body Type Code 97 37 Gross Vehicle Weight 3 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