

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/06/2021	Time of Crash 17:48 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:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 1112 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 210000790		
License # _____ St MA DOB/Age _____			Reg # 1AWW64 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make JEEP Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner CASEY ALISON			Address 27 COOLIDGE RD					
Operator BERDEJA LUIS			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Address 27 COOLIDGE RD			Insurance Company QUINCY MUTUAL			Event Sequence 1 22 22 22 22			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
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 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St LA DOB/Age _____			Reg # 866BTP Reg Type PAN Reg State LA			Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____					
Operator BUXTON TIFFANY			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 2 REPTON PL (apt. 2313)			Insurance Company STATE FARM			Event Sequence 1 22 22 22 22			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 20 24 24			Underride/Override 25 Towed Y		
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 1 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

1112 Centre St

Vehicle 1

Vehicle 2

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:

Operator 1 states he was stopped in traffic on Centre St, when he was rear ended by vehicle 2.

Operator 2 states she was in stop and go traffic and was traveling northbound while "changing the radio" when she collided into the rear of vehicle 1.

There was minor damage to the rear bumper of vehicle 1, and significant damage to the back right wheel well.

There was heavy front end damage to vehicle 2, and the front airbag was deployed. Vehicle 2 was towed by Today's Towing.

Both operator 1 and 2 signed patient refusals with Fallon Medics.

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