

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/12/2021		Time of Crash 11:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 2		Speed Limit 25 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			
SOUTH BOYLSTON RD												2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10			
At				Feet N S E W of _____ or _____				Mile Marker Exit Number							
WEST CENTRE ST															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____				Route# Intersecting Roadway/Street				11			
Also at Intersection with												2			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____				Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				Case Number 2100000813			
License # --- St MA DOB/Age ---				Reg # 7EZ30 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016 Veh Make PORSCHE Veh Config. 1 20											
Operator LING QINGSONG				Owner (Same as operator)								12			
Address 10 PATTEN CR				Address _____											
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____											
Insurance Company MAPFRE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totalled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6							
Please fill out for operator and all occupants involved												13			
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												1			
Operator See Above				-----				99 1 99 0 0 9 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				<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
License # --- St RI DOB/Age ---				Reg # 354013 Reg Type PAS Reg State RI											
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2014 Veh Make SUBARU Veh Config. 1 20											
Operator BARRETO STEVEN J				Owner SCHWARTZ WENDY E											
Address 254 SO. PIERCE RD				Address 254 SO. PIERCE RD											
City E. GREENWICH State RI Zip 02818				City E. GREENWICH State RI Zip 02818											
Insurance Company AMICA				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totalled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6							
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				-----				99 4 99 0 0 9 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Boylston Rd

Centre St

Unit 2

Unit 1

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 travelling straight ahead directly behind Mv#2 on Centre St W/B. #1 rear ended #2 as #2 was slowing in traffic for a Mv ahead of it that was turning left S/B onto Boylston Rd. #1 had airbag deployment, significant front end damage and towed by Todys. #2 had moderate rear end damage and was driven away by the operator. #1 and #2 had minor injuries/discomfort, right shin and neck, respectively. Each signed patient refusals.

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