

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																		
Date of Crash 10/15/2021	Time of Crash 14:49 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:																																		
WEST Route# Direction Name of Roadway/Street At NORTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			BRACKETT RD 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																																						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000833																																
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator TATITURI VIJAYA KUMARI Address 6 LOUDERS LN City BOSTON State MA Zip 20130 Insurance Company GEICO			Reg # 2MKB95 Reg Type PAN Reg State MA Veh Year 2020 Veh Make CHEVY Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N																																						
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			 10 Undercarriage 11 Totalled																																						
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			-----			---			99			4			4			0			0			10			1											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 PA DOB/Age --- Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL Operator CALLOS JULIA KATHERINE Address 419 WYLDHAVEN RD City BRYN MAWR State PA Zip 19010 Insurance Company ERIE INSURANCE EXCHANGE			Reg # JRZ4032 Reg Type PAN Reg State PA Veh Year 2015 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y																																						
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Operator/Non-Motorist			See Above			-----			---			99			4			4			0			0			10			1											
MARTIN-NUCATOLA, ANTONIA			419 WYLDHAVEN RD BRYN MAWR, PA 19010			-----			---			F			3			99			4			4			0			0			10			1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Waverly Ave

Brackett Rd

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 stated she was travelling northbound on Waverly Ave and had stopped to let a pedestrian with a dog cross the street when she was struck from behind by MV#2. MV#1 sustained moderate damages to its rear end. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated she was travelling northbound on Waverly Ave (Directly behind MV#1) when MV#1 abruptly stopped. The operator of MV#2 stated she could not stop in time and struck MV#1. MV#2 sustained moderate front end damages and was leaking coolant. MV#2 was parked off to the side of the road and arranged for her own tow company. There were no reported injuries to the operator of MV#2 or its passenger.

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