

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/26/2021	Time of Crash 18:17 24HR	City/Town NEWTON	Number Vehicles 1	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: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 420 WATERTOWN 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				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000874		
License # --- St MA DOB/Age ---			Reg # 72TX85 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make ACURA Veh Config. 1			Operator POIRIER RHONDA		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2017 Veh Make ACURA Veh Config. 1			Owner (Same as operator)			Address _____		
Operator POIRIER RHONDA			Address _____			City _____ State MA Zip 02458			City _____ State _____ Zip _____		
Insurance Company METROPOLITAN PROPERTY AN CASUALTY			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) _____			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			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 99 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20			Operator		
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20			Owner			Address		
Operator			Address			City State Zip			City State Zip		
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 2		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event 23			Driver Contributing Code 24 24			Underride/Override 25 Towed _____		
Citation # (If Issued) _____			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			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			-----			--- ---					

Crash Narrative:

MV1 was stopped waiting behind a line of cars for the redlight in front of 420 Watertown st when MV2 rear ended MV1 and left the scene without providing any information. Operator of MV1 was evaluated by medics and signed a refusal. No vehicles were towed.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
MEANEY , MICHEALA,	,	-----	Y

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 _____		<div>35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>