

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/03/2021	Time of Crash 11:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" 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 _____			SOUTH 791 WALNUT 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 _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000898		
License # --- St MA DOB/Age ---			Reg # V70002 Reg Type CON Reg State MA			Veh Year 2020 Veh Make FORD Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment _____		
Operator ODEA JAMES Last First Middle			Owner CUTLERY NORTHEAST Last First Middle			Address 19 COLUMBIA ST			Address 244 ASH ST		
City WILMINGTON State MA Zip 01887			City READING State MA Zip 01867			Insurance Company UTICA NATIONAL INS			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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										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	
Operator			See Above			-----		---		99 4 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										1	
License # --- St MA DOB/Age ---			Reg # 1855ZP Reg Type PAN Reg State MA			Veh Year 2015 Veh Make NISSAN Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment _____		
Operator MILLER CAROL J Last First Middle			Owner (Same as operator) Last First Middle			Address 7 HERWARD RD (apt. 127)			Address _____		
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____			Insurance Company AMICA			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 19 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 11 Totaled		
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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	
Operator/Non-Motorist			See Above			-----		---		99 2 99 0 0 10 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

762 Walnut St

Walnut St

Unit 1

Unit 2

NOT TO SCALE

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 on Walnut St S/B in the area of #762, slowing to a stop. Mv#2 operator was travelling directly behind #1 and rear ended #1. #2 could not stop in time as traffic was slowing to a stop.

#1 sustained significant rear end damage. #1 operator was shaken up from impact, signed a patient refusal and was able to drive the vehicle away. #2 also sustained significant front end damage, both side airbags were deployed. #2 operator was not injured, signed a patient refusal and #2 was towed By Tody's.

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