

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/08/2021	Time of Crash 15:05 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	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 73 LEXINGTON 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				2 9				
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				2 10				
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				2 11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000918		
License # --- St MA DOB/Age ---			Reg # 1SK753 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make SUBA Veh Config. 1 20			1 12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator WANG JIAJIA			Owner (Same as operator)			1 12		
Address 11 SAUNDERS TER			City WELLESLEY State MA Zip 02481			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GIECO GENERAL INSURANCE COMPANY			Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4		
Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			10 Undercarriage		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			11 Totaled		
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 13		
Operator			See Above			---			NONE		
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 MA DOB/Age ---			Reg # 5XE592 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make NISSAN Veh Config. 1 20			1 12		
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment			Operator BLONDE NICOLE			Owner BLONDE LISA M			1 12		
Address 544 SUMMER STREET			City ROCKLAND State MA Zip 02370			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4		
Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			10 Undercarriage		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 5 24 24			Underride/Override 25 Towed N			11 Totaled		
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 13		
Operator/Non-Motorist			See Above			---			NONE		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 1
Unit 2
P.O.I.
73 Lexington Street

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 of MV1 states she was going south on Lexington street and had to stop abruptly for a school bus when she was then rear ended by MV2. Operator of MV2 states she traveling behind MV1 when she struck the rear of MV1 when she didnt stop in time. No reported injuries by either parties and neither vehicle was towed.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42