

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/09/2021		Time of Crash 08:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	Speed Limit 35 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	
Route# Direction Name of Roadway/Street At				EAST 445 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	2
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000919							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator NGUYEN TRAN Address X X (apt. X) City NEWTON State MA Zip X Insurance Company GOVERNMENT EMP				Reg # 8GJ692 Reg Type PAN Reg State MA Veh Year 2013 Veh Make MAZDA Veh Config. 2 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 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	1
Please fill out for operator and all occupants involved												13	1
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													
NGUYEN, ADELE NEWTON, MA													
NGUYEN, ADA NEWTON, MA													
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 XX DOB/Age --- Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator RAMOS CRISTINA Address 42 DREW RD City BELMONT State MA Zip 02478 Insurance Company UNITED FINANCIAL				Reg # 1ZK776 Reg Type PAN Reg State MA Veh Year 2015 Veh Make DODGE Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 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 _____								13	1
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

454 WASHINGTON STREET

P.O.L.

← N →

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 TRAVELING E/B ON WASHINGTON STREET WHEN SHE REAR-ENDED MV#2. THE OPERATOR OF MV#2 STATED SHE WAS STOPPED IN TRAFFIC WHEN SHE WAS REAR-ENDED BY MV#1. THERE WAS MAJOR FRONT-END DAMAGE TO MV#1 AND DAMAGED TO THE REAR END OF MV#2. MV#1 WAS TOWED BY TODY'S TOWING. THE OPERATOR OF MV#1 AND HER TWO PASSENGERS WERE TRANSPORTED TO NWH BY THE MEDICS FOR POSSIBLE INJURIES. MV#1 HAD FRONT AIRBAG DEPLOYMENT.

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