

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																					
Date of Crash 12/03/2021		Time of Crash 16:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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																
CENTRE ST												2																
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10																
WEST COMMONWEALTH AVE						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number																						
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11																
Route# Direction Name of Intersecting Roadway/Street						Landmark						2																
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100001015																						
License # --- St MA DOB/Age ---				Reg # 234EX0		Reg Type PAN		Reg State MA																				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2013		Veh Make MERZ		Veh Config. 2 20																				
Operator WHIT-DEVOY JULIA E				Owner (Same as operator)									12															
Address 292 OTIS ST				Address																								
City NEWTON State MA Zip 02465				City		State		Zip																				
Insurance Company BANKERS STANDARD INS CO				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)																						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage																				
Citation # (If Issued) _____				Most Harmful Event 1 23		1 24 24		11 Totaled																				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N																						
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		1
Operator				See Above		-----		---		99		4		99		0		0		10		1						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # 459NM1		Reg Type PAN		Reg State MA																				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010		Veh Make LEXS		Veh Config. 1 20																				
Operator EWING JENNIFER				Owner (Same as operator)																								
Address 41 MIDDLESEX RD				Address																								
City CHESTNUT HILL State MA Zip 02467				City		State		Zip																				
Insurance Company PRIVILEGE UNDERWRITERS RECIPROCAL EXCH				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)																						
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage																				
Citation # (If Issued) _____				Most Harmful Event 1 23		5 24 24		11 Totaled																				
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Operator/Non-Motorist				See Above		-----		---		99		4		99		0		0		10		1						
EWING, ELOISE				41 MIDDLESEX RD CHESTNUT HILL, MA 024467		-----		F		4		1		4		99		0		0		10		1				
GALL, GARDEN				10 CIRCUIT RD CHESTNUT HILL, MA 02467		-----		F		5		1		4		99		0		0		10		1				
HUGHES, WHITNEY				45 PINE RD CHESTNUT HILL, MA 02467		-----		F		6		1		4		99		0		0		10		1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

CENTRE ST

COMMONWEALTH AVE

P.O.I.

MV1

MV2

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 MV1 stated she was stopped in traffic at the red light Westbound on Commonwealth Ave at Centre St. The light turned green, and prior to proceeding, she was rear ended by MV2. MV1 sustained minor rear end damage.

The operator of MV2 stated she was stopped in traffic at the red light Westbound on Commonwealth Ave at Centre St. The light turned green, and she proceeded too soon, striking MV1 in the rear end. MV2 sustained minor front end damage.

Both vehicles were able to be driven safely from the scene. All parties involved reported no injuries.

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