

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/13/2022		Time of Crash 06:03 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:							
<div>14</div> <div>Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 14 NEEDHAM ST</div> <div>Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark</div>							
						<div>10</div>							
						<div>11</div>							
						<div>4</div>							
3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000218					
4		1		License # --- St MA DOB/Age ---		Reg # 4AYW71 Reg Type PAN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment					
2		2		Operator ARAUJO HAMILTON S		Veh Year 2008 Veh Make NISSAN Veh Config. 1 20		Owner (Same as operator)					
5		2		Address 551 CENTRE ST		Address		City BROCKTON State MA Zip 02302					
6		1		Insurance Company GEICO		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
				Vehicle Travel Direction: N S X W Responding to Emergency? N		Event Sequence 1 22 22 22 22		10 Undercarriage					
				Citation # (If Issued)		Most Harmful Event 1 23		5 11 Totaled					
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 1 24 24							
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed Y							
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 3 0 0 10 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													
8		1		License # --- St MA DOB/Age ---		Reg # M72878 Reg Type COMM Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment					
				Operator BEDARD ROBERT A		Veh Year 2016 Veh Make RAM Veh Config. 2 20		Owner LUSSIER ERIC CORP					
				Address 757 BENSON RD		Address 193 OAK ST		City NATICK State MA Zip 01760					
				Insurance Company ACADIA		Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
				Vehicle Travel Direction: N S X W Responding to Emergency? N		Event Sequence 1 22 22 22 22		10 Undercarriage					
				Citation # (If Issued)		Most Harmful Event 1 23		5 11 Totaled					
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 19 24 24							
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed Y							
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/Non-Motorist See Above ----- --- 99 4 4 0 0 10 1													

→ Direction
 ie: → 1 → 2

1 Vehicle 1 2 Vehicle 2

Pedestrian

Crash Diagram:

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:

Based on observations, and statements made, the follwoing occurred.

M/V#1 was traveling east on Needham St. M/V#2 was traveling in the same direction in the lane to the left of M/V#1. M/V#2 thought M/V#1 had passed him, and attempted to turn right into 14 Neehamd St. to turn around. M/V#1 was slightly ahead of M/V#2 and was struck in the left rear.

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