

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash		Time of Crash 24HR		City/Town		Motor Vehicle Crash Police Report		Number Vehicles		Number Injured		Speed Limit Latitude Longitude		State Police Local Police MBTA Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of 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									
Route# Direction Name of Intersecting Roadway/Street						Landmark									
<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped											
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20									
Operator Last First Middle Address City State Zip Insurance Company						Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed									
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						10 Undercarriage 11 Totalled									
Please fill out for operator and all occupants involved														13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator See Above															
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 2 15 Location 4 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # St DOB/Age Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20									
Operator SHREVE BEN Last First Middle Address 29 CENTRAL ST						Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
City NEWTON State MA Zip 02466						Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed									
Insurance Company						10 Undercarriage 11 Totalled									
Vehicle Travel Direction: N S E W Responding to Emergency?															
Citation # (If Issued) 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															
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator/Non-Motorist See Above						7 2 BCH									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

417 LEXINGTON ST

Unit 1

P.O.I.

LEXINGTON ST

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:

Operator of vehicle one James Cellucci stated that he was driving south bound on Lexington St near number 419 in his 2012 Jeep Grand Cherokee (MA reg 9339AC). Cellucci stated his speed was approximately 10 to 15 MPH. Cellucci stated that a group of approximately 5 children ran out from between vehicles that where stopped in traffic in the north bound lane of Lexington St. Cellucci stated that one of the children ran in front of his vehicle. Cellucci stated that he attempted to break but a crash was inevitable. Witness Molly Van Horn made the same statement as Cellucci about a group of children running out between stopped vehicles . The child that was struck by Cellucci's vehicle was Ben Shreve (DOB 12/14/2010) . Shreve did not lose consciousness as a result of the crash. Shreve was transported to Boston Children's Hospital via EMS for treatment along with his parents. Lexington St is a public way in the City of Newton.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
VANHORN , MOLLY,	257 AUBURNDALE AVE NEWTON,MA 02466	-----	N

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