

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/03/2022		Time of Crash 14:55 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	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				SOUTH 1005 CENTRE 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		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												10		
Route# Direction Name of Intersecting Roadway/Street												11		
Route# Direction Name of Intersecting Roadway/Street												2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000365						
License # --- St MA DOB/Age ---				Reg # 3CP672 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2011 Veh Make CHEVY Veh Config. 2 20										
Operator CARSON CLAY Last First Middle				Owner (Same as operator) Last First Middle									12	
Address 20 BRAYTON RD				Address _____										
City BRIGHTON State MA Zip 02135				City _____ State _____ Zip _____										
Insurance Company COMMERCE INSURANCE CO				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4										
Citation # (If Issued) _____				Most Harmful Event 1 23										
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 N										
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				-----										
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 # 2FLL40 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2012 Veh Make AUDI Veh Config. 2 20										
Operator GARCIA NORMA Last First Middle				Owner (Same as operator) Last First Middle										
Address 32 PLACID RD				Address _____										
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____										
Insurance Company SAFETY INSURANCE CO				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 2 3 4										
Citation # (If Issued) _____				Most Harmful Event 1 23										
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 N										
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    → Pedestrian

**Crash Diagram:**

COMMONWEALTH AVE

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:**

The operator of MV3 (MI reg 7MHB85) stated she was traveling SB on Comm Ave when she was distracted and turned her head away from the road. Operator of MV3 stated when she looked up at the road she was too close to MV2 and rear ended the vehicle. MV2 was stopped in traffic and pushed forward into MV1.

Both of the operators of MV1 and MV2 received minor damage. Both vehicles had already left the scene before my arrival. The operator of MV3 stated that all 3 parties exchanged information.

The operator of MV3 reported no injuries and her vehicle required a tow. Tody's arrived on scene and towed the vehicle.

**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