

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 06/15/2022		Time of Crash 18:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:																			
NORTH CHURCH ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____																					
WEST WASHINGTON ST 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 checked="" type="checkbox"/> Vehicle 1 4 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000531																			
License # _____ St OH DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator SILVER KEVIN H Address 1912 STOCKBRIDGE RD City AKRON State OH Zip 44313 Insurance Company SELF HERTZ				Reg # 9686AR Reg Type PAN Reg State FL Veh Year 2019 Veh Make MAZDA Veh Config. 1 20 Owner HERTZ VEHICLES LLC Address 5400 BUTLER NATIONAL DR City ORLANDO State FL Zip 32812 Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N																					
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 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		See Above		-----		---		1		4		99		0		0		10		1					
SILVER, SHARON		1912 STOCKBRIDGE RD AKERON, OH 44313		-- -- --		F		3		1		4		4		0		0		7		2		NWH	
SLIVER, DEBORAH		31 LANCASTER RD NEWTON, MA 02458		-- -- --		F		4		1		4		4		0		0		10		1			
SLIVER, RACHEL		915 FELL ST BALTIMORE, MD 21231		-- -- --		F		6		1		4		99		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																									
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GOLDBERG MARC MICHAEL Address 298 GROVE ST (apt. 3) City WALTHAM State MA Zip 02453 Insurance Company FARMERS				Reg # 9TB525 Reg Type PAN Reg State MA Veh Year 2015 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 5 24 Underride/Override 25 Towed N																					
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N Citation # (If Issued) T3045781 Violation 1: Ch A7/17 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 1																					
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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		-----		---		1		4		4		0		0		10		1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 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:

Operator of vehicle one stated that while stopped at a red light in the north bound lane of Church St at Washington St his vehicle was rear ended by vehicle two. Operator of vehicle two stated that while stopped behind vehicle one his foot slipped off the break and caused his vehicle to rear end vehicle one. A passenger in vehicle one was transported to NWH for neck pain. Neither vehicle had visible damage and did not require a tow. Operator of vehicle two was issued a citation for a violation of City of Newton Ordinance 19/75 , failure to use care while stopped. Church St is a public way in the City of Newton.

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