

AT INTERSECTION: **LOCATION** **NOT AT INTERSECTION:**

1 W Beacon Street
 Route # Direction Name of Roadway / Street
 At
S Charles Street
 Route # Direction Name of Intersecting Roadway / Street
 Also at Intersection with
 2 Route # Direction Name of Intersecting Roadway / Street

9
10
11

3 Please Select One of the Following: **Vehicle 1** 2 # Occupants **Hit/Run** **Moped**

4 License # 9823478 St MA DOB/Age 12/21/1982 22 Reg # 9837457129379 Reg Type _____ Reg State MA
 Sex M Lic. Class 18 18 Lic. Restrictions 19 2 CDL _____ Veh Year 2002 Veh Make Ford Veh Config. 20 1
 Operator Smith Brad Kyle Owner Young Bobby J
 Last First Middle Last First Middle
 Address 232 York Ave Address 9925 McGill Road
 City Boston State MA Zip 12384 City Boston State MA Zip 12384
 Insurance Company State Farm Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)
 5 Vehicle Travel Direction: N S E W Responding to Emergency? N Event Sequence 22 22 22 22 2
 Citation # (If Issued) _____ Most Harmful Event 1 23 1 23 1
 Violation 1: Ch/Sec/Sub _____ Violation 2: Ch/Sec/Sub _____ Driver Contributing Code 1 24 24 1 24 24
 6 Violation 3: Ch/Sec/Sub _____ Violation 4: Ch/Sec/Sub _____ Underride/Override 1 25 Towed N 8

7 Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	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	1	1	0	0	5	1	
Young Bobby J	9925 McGill Road Boston MA 12384	8/14/1980 24	M	3	1	4	3	0	0	3	1	

7 Please Select One of the Following: **Vehicle 2** 3 # Occupants **Non-Motorist A** Type 14 Action 15 Location 16 Condition 17 **Hit/Run** **Moped**

8 License # 4862445 St MA DOB/Age 7/22/1964 40 Reg # 92347293487 Reg Type _____ Reg State MA
 Sex F Lic. Class 18 18 Lic. Restrictions 19 5 CDL _____ Veh Year 1998 Veh Make Oldsmobile Veh Config. 20 1
 Operator Cummings Brenda Jill Owner Cummings Brenda Jill
 Last First Middle Last First Middle
 Address 1-1734 Hillside Drive Address 1-1734 Hillside Drive
 City Boston State MA Zip 12384 City Boston State MA Zip 12384
 Insurance Company AllState Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)
 5 Vehicle Travel Direction: N S E W Responding to Emergency? N Event Sequence 22 22 22 22 2
 Citation # (If Issued) 915486 Most Harmful Event 23 1 23 1 23 1
 Violation 1: Ch/Sec/Sub Speeding Violation 2: Ch/Sec/Sub _____ Driver Contributing Code 5 24 24 5 24 24
 Violation 3: Ch/Sec/Sub _____ Violation 4: Ch/Sec/Sub _____ Underride/Override 25 Towed Y 8

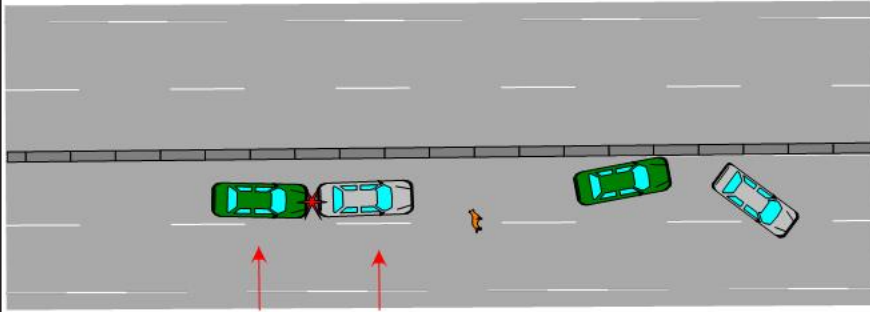
7 Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	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	1	1	0	0	5	1	
Cummings Chad M	1-1734 Hillside Drive Boston MA 12384	07/22/1990 14	M	6	2	5	3	0	0	3	1	
Cummings Tammy L	1-1734 Hillside Drive Boston MA 12384	07/22/1993 11	F	4	2	5	3	0	0	4	1	

→ = Direction [1] = Vehicle 1 [2] = Vehicle 2 ○ = Pedestrian

ie: → [1] → [2] → ○

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:

Veh1 was traveling west bound in the fast lane when a dog ran into the roadway. Veh1 slowed to avoid hitting the dog. Veh2 was also traveling west bound behind Veh1, however they were following too close and could not slow fast enough when Veh1 did. Veh2 then collided with the rear end of Veh1 sending it into the center guardrail.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
O'Neil Christine T	78 St James Ave Boston MA 12384	6 1 7 4 6 8 4 6 7 4	attached

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]

Fred Jackson

Fred Jackson

c99

Boston PD

07/01/2005

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Commonwealth of Massachusetts

Date of Crash 06/30/2005	Time of Crash 1 6 2 0 24HR	City/Town Boston
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Motor Vehicle Crash Exchange Form

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:																																																				
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Please Select One of the Following: Vehicle 1 2 # Occupants Hit/Run Moped

License # <u>9823478</u> St <u>MA</u> DOB/Age <u>12/21/1982</u> <u>22</u>	Reg # <u>9837457129379</u> Reg Type _____ Reg State <u>MA</u>
Sex <u>M</u> Lic. Class 18 18 Lic. Restrictions 19 2 CDL _____	Veh Year <u>2002</u> Veh Make <u>Ford</u> Veh Config. 20 1
Operator <u>Smith</u> <u>Brad</u> <u>Kyle</u>	Owner <u>Young</u> <u>Bobby</u> <u>J</u>
<small>Last First Middle</small>	<small>Last First Middle</small>
Address <u>232 York Ave</u>	Address <u>9925 McGill Road</u>
City <u>Boston</u> State <u>MA</u> Zip <u>12384</u>	City <u>Boston</u> State <u>MA</u> Zip <u>12384</u>
Insurance Company <u>State Farm</u>	

According to Massachusetts General Law, Chapter 90, Section 26: If the damage to any one vehicle or property is over \$1,000 or if there is an injury to any person, you are required to complete a crash report within 5 days of the date of the crash.

Please obtain a copy of the operator crash report from your local police department, Registry branch office or from the RMV Website WWW.MASS.GOV/RMV and submit the original to:

Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119
Attn: Accident Records

Also, be sure to forward a copy to your insurance agency, the local police department where the crash occurred, and retain a copy for yourself.

If you would like to obtain a copy of the police report or another operator report, please send a letter to the address above with a check for \$10 for each requested report made payable to: RMV. Please specify which report you are requesting and list the date and time of the crash and city/town where it occurred along with your name, address and the registration number of at least one vehicle involved.

Please Select One of the Following: Vehicle 2 3 # Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped

License # <u>4862445</u> St <u>MA</u> DOB/Age <u>7/22/1964</u> <u>40</u>	Reg # <u>92347293487</u> Reg Type _____ Reg State <u>MA</u>
Sex <u>F</u> Lic. Class 18 18 Lic. Restrictions 19 5 CDL _____	Veh Year <u>1998</u> Veh Make <u>Oldsmobile</u> Veh Config. 20 1
Operator <u>Cummings</u> <u>Brenda</u> <u>Jill</u>	Owner <u>Cummings</u> <u>Brenda</u> <u>Jill</u>
<small>Last First Middle</small>	<small>Last First Middle</small>
Address <u>1-1734 Hillside Drive</u>	Address <u>1-1734 Hillside Drive</u>
City <u>Boston</u> State <u>MA</u> Zip <u>12384</u>	City <u>Boston</u> State <u>MA</u> Zip <u>12384</u>
Insurance Company <u>AllState</u>	

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