

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/10/2019	Time of Crash 14:32 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
EAST CLEMENTS RD Route# Direction Name of Roadway/Street At NORTH COTTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			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								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000039		
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KHURANA STEPHANIE Address 14 MAGNOLIA AVE City NEWTON State MA Zip 02458 Insurance Company COMMERCE			Reg # 267TVY Reg Type PAS Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 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			See Above				1 1 99 0 0 5 1				
Operator			See Above								
Operator			See Above								
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		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator WOLF JACOB Address 11 BARBARA ROAD City NEWTON State MA Zip 02465 Insurance Company GEICO			Reg # 95YT21 Reg Type PAS Reg State MA Veh Year 2004 Veh Make TOYT Veh Config. 1 20 Owner WOLF KRYSTYNA Address 11 BARBARA ROAD City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Underride/Override 25 Towed Y Citation # (If Issued) T1441117 Violation 1: Ch 89/9 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				1 4 99 0 0 5 1				
Operator/Non-Motorist			See Above								
Operator/Non-Motorist			See Above								
Operator/Non-Motorist			See Above								

→ 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:

OPERATOR OF MV 1 WAS TRAVELING NORTHBOUND ON COTTENS STREET AND WHEN SHE APPROACHED THE INTERSECTION OF CLEMENTS ROAD MV 1 WAS STRUCK BY MV 2 ON THE FRONT END DRIVERS SIDE. HEAVY DAMAGE SUSTAINED, NO INJURIES REPORTED AND TODYS TOWED THE MV TO THEIR LOT.

MV 2 WAS TRAVELING EASTBOUND ON CLEMENTS ROAD AND NEVER STOPPED FOR THE STOP SIGN AT THE INTERSECTION OF COTTENS STREET. MV 2 CRASHED INTO MV1 CAUSING HEAVY FRONT END DAMAGE TO MV 2. NO INJURIES REPORTED AND MV 2 WAS TOWED BY TODYS TO THEIR LOT. OPERATOR OF MV 2 WAS ISSUED MA UNIFORM CITATION T1441117 FOR CH. 89 S.9 FTC STOP SIGN.

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

MATTHEW W COLELLA **NEWTON POLICE DEPTA** **01/10/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00