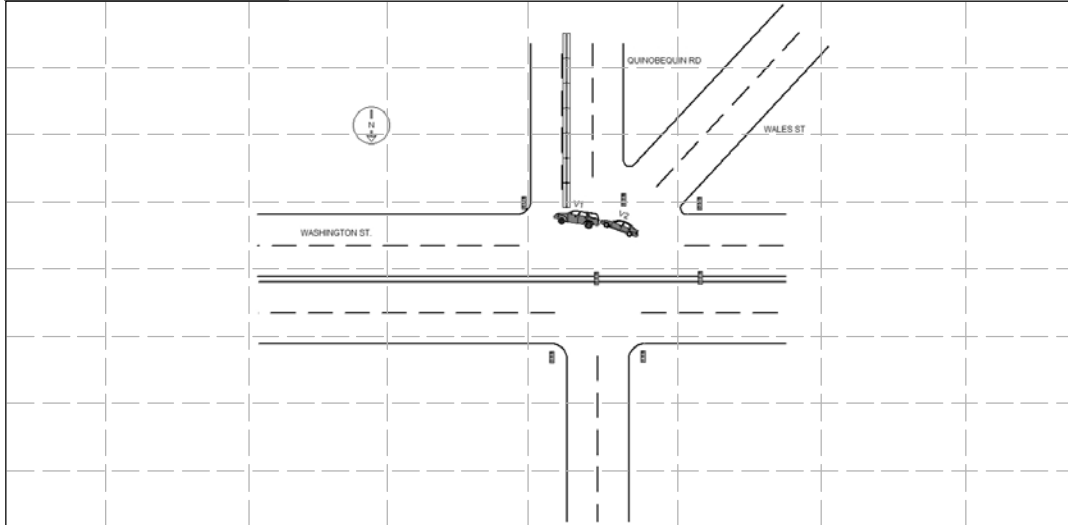


Police Use Only						Commonwealth of Massachusetts							RMV Document Number									
Date of Crash 01/10/2019	Time of Crash 20:48	City/Town <b>NEWTON</b>			<b>Motor Vehicle Crash Police Report</b>						Number Vehicles 2	Number Injured 0	Speed Limit <b>35</b> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:								
<b>AT INTERSECTION:</b>				<	<b>LOCATION</b>			>	<b>NOT AT INTERSECTION:</b>													
SOUTH QUINOBEQUIN RD Route# Direction Name of Roadway/Street At <b>16 EAST WASHINGTON ST</b> 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 <b>1</b> #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number <b>1900000041</b>														
License # ____ St <b>MA</b> DOB/Age ____ Reg # <b>6PW389</b> Reg Type <b>PAN</b> Reg State <b>MA</b> Sex <b>F</b> Lic. Class <b>D 18 18</b> Lic. Restrictions <b>1 19</b> CDL Endorsment Operator <b>CUNNIFF ERIN M</b> Owner ( <b>Same as operator</b> ) Address <b>162 WEST ST</b> Address City <b>NEEDHAM</b> State <b>MA</b> Zip <b>02494</b> City State Zip Insurance Company <b>PREFERRED MUTUAL</b> Vehicle Action Prior to Crash <b>10 21</b> Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? Citation # (If Issued) Event Sequence <b>1 22 22 22 22</b> Most Harmful Event <b>1 23</b> Driver Contributing Code <b>6 24 24</b> Underride/Override Towed <b>N</b>										20 1 12												
Please fill out for operator and all occupants involved																				13 1		
Name (Last First Middle)										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	5	1			
Please Select One of the Following:										<input checked="" type="checkbox"/> Vehicle 2 <b>2</b> #Occupants		<input type="checkbox"/> Non-Motorist A Type		<b>14</b> Action <b>15</b> Location <b>16</b> Condition <b>17</b>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped				
License # ____ St <b>RI</b> DOB/Age ____ Reg # <b>410986</b> Reg Type <b>PAN</b> Reg State <b>RI</b> Sex <b>F</b> Lic. Class <b>D 18 18</b> Lic. Restrictions <b>1 19</b> CDL Endorsment Operator <b>MURPHY KELLY A</b> Owner ( <b>Same as operator</b> ) Address <b>92 EVERGREEN ST</b> Address City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02906</b> City State Zip Insurance Company <b>AMERICAN COMMERCE INS CO.</b> Vehicle Action Prior to Crash <b>3 21</b> Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? Citation # (If Issued) Event Sequence <b>1 22 22 22 22</b> Most Harmful Event <b>1 23</b> Driver Contributing Code <b>1 24 24</b> Underride/Override Towed <b>Y</b>										20 1 12												
Please fill out for operator and all occupants involved																				13 1		
Name (Last First Middle)										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	99	0	0	5	1			
REVOY, ANTOINE, J										92 EVERGREEN ST PROVIDENCE, RI 02906		---	M	3	1	4	99	0	0	5	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:

I responded to the area of Washington St. @ Quinobequin Rd. for a report of a two car MVA. I arrived in the area and located the MVA directly at the entrance to Quinobequin Rd. Both Operators and passenger were out of the vehicle upon my arrival with no reports of injury. V1 Operator; Cunniff, Erin MA OLN#S65270968. V1; MA Pan Reg. 6PW389, 2011 SUBA/STW color gray. V2 Operator; Murphy, Kelly RI OLN#3262011. V2; RI Pan Reg. 410986, 2011 Suzu/SX4 color red. V2 Passenger; Revoy, Antoine.

V1 operating Eastbound on RT. 16 Washington St. attempted to turn right onto Quinobequin Rd. The operator of V1 traveled past the entrance, came to a stop and attempted to backup. V1 while reversing backed into V2 which was also traveling Eastbound on RT. 16 Washington St. and was attempting to turn right onto Quinobequin Rd. The V2 Operator and Passenger both stated that V2 Operator beeped its horn but V1 backed into V2 On

(Continued on next page)

#### 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

→ 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:

Washington St., at the entrance to Quinobequin Rd. There was no air bag deployment in either vehicle. V1 sustained right rear end damage which did not require towing service. V2 sustained heavy left front end damage and left side damages to include the tire and wheel well. V2 did require towing service. Tody's Towing Inc. responded and removed V2 from the crash scene. I advised all parties involved. I also transported V2 Operator and Passenger To Tody's Towing located at 1354 Washington St., 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

DANIEL S SULLIVAN

NEWTON POLICE DEPART

01/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date