

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/11/2019		Time of Crash 09:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9				
1 1	CENTRE ST												2			
	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway/Street							10			
	At					Feet N S E W of _____ or _____ Mile Marker Exit Number										
2 1	WASHINGTON ST												11			
	Route# Direction Name of Intersecting Roadway/Street					Route# Intersecting Roadway/Street							3			
	Also at Intersection with					Feet N S E W of _____										
3	Route# Direction Name of Intersecting Roadway/Street					Landmark										
	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants					<input type="checkbox"/> Hit/Run					<input type="checkbox"/> Moped					
	Case Number 190000042															
4 3	License # --- St MA DOB/Age ---					Reg # 729WL2 Reg Type PAN Reg State MA										12
	Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____					Veh Year 2018 Veh Make SUBA Veh Config. 1 20										
	Operator KRAMER MATTHEW F					Owner STALKER LAURIE A										
5 1	Address 1 FOX PLACE					Address 1 FOX PLACE										
	City NEWTON State MA Zip 02459					City NEWTON State MA Zip 02459										
	Insurance Company COMMERCE INSURANCE					Vehicle Action Prior to Crash 1 21					Damaged Area Code: (Circle Up to Three)					
6 1	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____					Event Sequence 1 22 22 22 22					Event Sequence 1 22 22 22 22					
	Citation # (If Issued) _____					Most Harmful Event 1 23					Most Harmful Event 1 23					
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 19 24 24					Driver Contributing Code 19 24 24					
7 4	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N					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															
8 2	Operator See Above															
9 4	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 NY DOB/Age ---					Reg # R51633 Reg Type CON Reg State MA										
	Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____					Veh Year 2015 Veh Make FORD Veh Config. 1 20										
10 2	Operator BIDWELL ROBERT ALAN					Owner ARI FLEET										
	Address 123 PARK AVE (apt. 3)					Address 4001 LEADENHALL RD										
	City BINGHAMTON State NY Zip 13903					City MT LAUREL State NJ Zip 08054										
11 2	Insurance Company ZURICH INSURANCE					Vehicle Action Prior to Crash 1 21					Damaged Area Code: (Circle Up to Three)					
	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____					Event Sequence 1 22 22 22 22					Event Sequence 1 22 22 22 22					
	Citation # (If Issued) _____					Most Harmful Event 1 23					Most Harmful Event 1 23					
12 2	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 24					Driver Contributing Code 1 24 24					
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed Y					Underride/Override 25 Towed Y					
	Please fill out for operator and all occupants involved															
13 2	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 →

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:

On the above date and time I responded to the area of Washington Street at Centre Street for a two motor vehicle crash. Upon arrival I met with the operator of vehicle one Mr. Kramer, he stated he was traveling north on Centre St at Mass pike over pass bridge. He stated he thought the traffic signal was maybe yellow and he went through the intersection and struck vehicle two causing damage to the left rear bumper and left rear wheel.

I spoke to the operator of vehicle two Mr. Bidwell, he stated he was stopped at the red light facing west on Washington Street mass pike off ramp. He stated the traffic signal turned green, as per his work policy he waited 3 full seconds before accelerating. He stated he proceeded through the intersection and was struck by vehicle one in the left side rear.

(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

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

ROCCO D MARINI 13963 NEWTON POLICE DEPART 01/11/2019

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

CDP1 11 -24:00

Crash Narrative:
Due to the left rear wheel being struck I notified Tody's towing of 1354 Washington Street arrived on scene
and towed vehicle two to their tow lot.
Neither party had any injuries and they were both advised.
I checked the traffic signals in the intersection and they were fully functional.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ROCCO D MARINI		13963	NEWTON POLICE DEPT		01/11/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					