

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/20/2019	Time of Crash 11:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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 BEACON ST				
Route#	Direction	Name of Roadway/Street		
At				
NORTH COLLEGE RD				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000095
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License # --- St MA DOB/Age -- -- --	Reg # BCPD9 Reg Type PAV Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL	Veh Year 2017 Veh Make FORD Veh Config. 2 20
Operator ELLIS JOHN	Owner TRUSTEES OF BOST
Address 6 RIVER ST	Address 140 COMMONWEALTH AVE
City S. EASTON State MA Zip 02375	City NEWTON State MA Zip 02467
Insurance Company ARBELLA	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: X S E W Responding to Emergency? Y	Event Sequence 1 22 22 22 22 2
Citation # (If Issued)	Most Harmful Event 1 23
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___	Driver Contributing Code 1 24 24
Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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	-----	---	---	3	4	99	0	0	5	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
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License # --- St MA DOB/Age -- -- --	Reg # 3DV785 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL	Veh Year 2015 Veh Make FORD Veh Config. 2 20
Operator FIALKOW DAVID	Owner (Same as operator)
Address 10 LYMAN ST	Address
City SOUTHBOROUGH State MA Zip 01772	City State Zip
Insurance Company VERMONT MUTUAL	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: X S E W Responding to Emergency? Y	Event Sequence 1 22 22 22 22 2
Citation # (If Issued)	Most Harmful Event 1 23
Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___	Driver Contributing Code 1 24 24
Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		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	

→ 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 1 who was operating a marked police unit stated that while responding to an emergency with his Aux. lights and siren activated he was traveling Northbound on Hammond St. Operator 1 approached the traffic lights at Beacon street where he waited for a white SUV to clear from his path. When it was clear to go Operator 1 proceeded into the intersection where he could see vehicle 2 coming down Beacon St; however, he was unable to stop due the snow/ice on the roadway. Vehicle 1 and vehicle 2 collided in the intersection. Operator 2 stated that he was traveling Eastbound on Beacon St approaching a green light an Hammond St. Operator 2 proceeded through the green light and saw a white SUV pulling into the intersection from Hammond St going through a red light. Operator 2 began to stop and then witnessed vehicle 1 with its lights on. Operator 2 tried to stop ;however, do to the snow/ice on the roadway he was unable to stop. Vehicle 2 and

(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:

vehicle 1 collided in the intersection.

Both vehicles sustained minor damage and there were no injuries.

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 _____

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