

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/22/2019		Time of Crash 16:15 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	BEACON ST												2
	Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							10
	CRESCENT AVE					____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
2 1	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____							11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					____ Feet [N][S][E][W] of _____ Landmark _____							2
3	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000098						
4 1	License # _____ St MA DOB/Age _____					Reg # 5038		Reg Type PAR		Reg State MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					Veh Year 2013		Veh Make VW		Veh Config. 1 20			
	Operator BROWN HILLARY Last First Middle					Owner (Same as operator)		Last First Middle				12	
5 1	Address 39 CRESCENT AVE					Address _____							
	City NEWTON State MA Zip 02459					City _____ State _____ Zip _____							
	Insurance Company ARBELLA					Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
6 4	Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____					Event Sequence 1 22 22 22 22 2		3 4		10 Undercarriage			
	Citation # (If Issued) _____					Most Harmful Event 1 23		1 24 24		11 Totaled			
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y					
7 3	Please fill out for operator and all occupants involved											13	
	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											1	
	Operator See Above					-----		---		1 4 4 0 0 5 1			
8 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												
	License # _____ St MA DOB/Age _____					Reg # 3509		Reg Type RPN		Reg State MA			
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					Veh Year 2014		Veh Make FREIGHT		Veh Config. 97 20			
	Operator NORRIS SEAN Last First Middle					Owner CJ RECOVERY INC		Last First Middle					
	Address 3 PARKER RD					Address 7 (apt. R) MILL ST							
	City BEDFORD State MA Zip 01730					City MAYNARD State MA Zip 01754							
	Insurance Company ARBELLA					Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
	Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____					Event Sequence 1 22 22 22 22 2		3 4		10 Undercarriage			
	Citation # (If Issued) _____					Most Harmful Event 1 23		1 24 24		11 Totaled			
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					
	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 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					-----		---		99 5 4 0 0 5 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

Crescent Ave

NOT TO SCALE

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 Tuesday January 22nd 2019 at approximately 1615 hours I responded to a two car motor vehicle accident at the intersection of Beacon Street and Crescent Ave, both are public ways in the City of Newton. At the time of the accident the current weather conditions were clear and dry with the road conditions extremely icy and snow covered.

Upon arrival the medics were evaluating the operator of MV1 for slight back pain. The operator of MV1 signed a patient refusal and stated she was headed westbound on Beacon Street and stopped at the intersection of Crescent Ave, attempting to turn left. The operator of MV1 stated she came to a complete stop and had her left turn signal on waiting to turn onto Crescent Ave. She states MV2 then rear ended her and she pulled over the side of the road to wait for police assistance.

(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

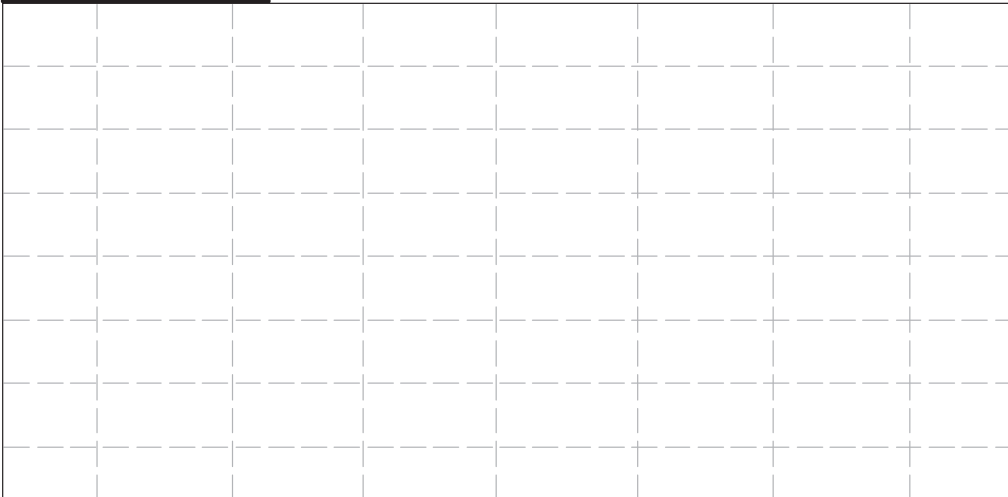
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

MV1 was completely disabled with major rear end damage. MV1 was towed by Todys.

The operator of MV2 stated he was traveling behind MV1 and attempted to stop behind MV1 but due to the icy road conditions, MV2 failed to stop and collided with MV1. The operator of MV2 refused medical attention and was able to drive MV2 from the scene.

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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

ANDREA M FERGUSON

NEWTON POLICE DEPART

01/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date