

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/23/2019	Time of Crash 14:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	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:			
Route# Direction Name of Roadway/Street At			WEST 165 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000101	
License # --- St MA DOB/Age ---			Reg # 8YG919 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make TOYOTA Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make TOYOTA Veh Config. 2			Operator BERNIER KENNETH			Owner TOYOTA LEASE TRU	
Address 27 BELLEVUE RD			Address PO BX 105386			City BRAintree State MA Zip 02184			City ATLANTA State GA Zip 30348	
Insurance Company COMMERCE			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23			Driver Contributing Code 18 24 24	
Citation # (If Issued) T1443340			Underride/Override 25 Towed N			10 Undercarriage			11 Totaled	
Violation 1: Ch 90/144 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			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 4 0 0 5 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20			Operator LEARY NANCY			Owner ---	
Address 23 DANIEL ST			Address ---			City MILLIS State MA Zip 02054			City --- State --- Zip ---	
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed ---			10 Undercarriage			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
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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			-----			3 2				

→ 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:

After further investigation, on 2/7 the operator was cited for 90/14 failure to stop for pedestrian. I spoke with Kenneth via phone and advised him of the update. The citation was mailed to him. I am charging for 90/14 failure to stop for a pedestrian.

On Wednesday February 6, the operator information of this report was ammended to show the correct operator information.

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

MICHAEL WADE

NEWTON POLICE DEPART

01/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date