

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 01/23/2019	Time of Crash 16:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2
			Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:	
EAST WASHINGTON ST					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		
At					
SOUTH STANTON AVE					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Mile Marker Exit Number		
Also at Intersection with					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street		
			Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000102	
License # --- St MA DOB/Age ---		Reg # 166AW2 Reg Type PAN Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	Veh Year 2009 Veh Make AUDI Veh Config. 1 20				
Operator WINSTON AMY		Owner MENDEL BETH			
Address 1564 COMM AVE		Address 180 OTIS ST			
City NEWTON State MA Zip 02465		City NEWTON State MA Zip 02465			
Insurance Company PURE		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S X W Responding to Emergency?		Event Sequence 1 22 22 22 22		10 Undercarriage	
Citation # (If Issued)		Most Harmful Event 1 23		11 Toted	
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					
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 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 # 822EZ4 Reg Type PAN Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL	Veh Year 2002 Veh Make BUICK Veh Config. 1 20				
Operator KESSLER MILDRED		Owner (Same as operator)			
Address 160 STANTON AVE (apt. 415)		Address			
City NEWTON State MA Zip 02466		City State Zip			
Insurance Company VERMONT MUTUAL		Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N X E W Responding to Emergency?		Event Sequence 1 22 22 22 22		10 Undercarriage	
Citation # (If Issued)		Most Harmful Event 1 23		11 Toted	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 4 24 24			
Violation 3: Ch Sec Violation 4: Ch Sec		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	
Operator/Non-Motorist		See Above		1 1	

→ 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:

At approximately 1630 HRS on Wednesday, January 23, 2019, I was dispatched to the intersection of Washington St. and Stanton Ave. Upon arrival, both parties had pulled into 160 Stanton Ave. and began to exchange paperwork. I spoke with the operator of MV1 (MA Pass: 166AW2), who stated that as she traveled Eastbound on Washington St. she was cut off by MV2, who was attempting to cross over Washington St. and enter Stanton Ave., causing her vehicle to collide with MV2. I spoke with the operator of MV2 (MA Pass: 822EZ4) who stated that she was stopped at the intersection and made a left hand turn in an attempt to enter Stanton Ave Southbound, believing she had enough time to safely do so, it was at this point that her vehicle and MV1 collided. I observed damage to MV1's front right bumper area and damage to MV2's right rear door area. Both parties stated that they were uninjured and I cleared without incident.

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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

01/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date