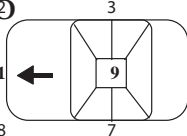
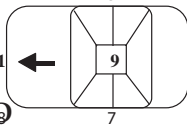


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/26/2019		Time of Crash 10:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
EAST CHURCH ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								2	
NORTH CENTRE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000110					3
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator CUMMINGS SCOTT T Address 40 PURVIS ST City WATERTOWN State MA Zip 02472 Insurance Company NORFOLK DEDHAM MUTUAL				Reg # 328XVF Reg Type PAN Reg State MA Veh Year 2014 Veh Make SUBARU Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 6 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) T1440745 Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
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								1	
Operator				See Above		-----		---		1 4 4 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	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MOISE JUSTIN Address 16 ELMHURST RD (apt. 3) City DORCHESTER State MA Zip 02124 Insurance Company NATIONAL INTEREST				Reg # TA477C Reg Type TAN Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 20 Owner VETERANS TAXI OF Address 224 CALVARY ST City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13	
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
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 4 4 0 0 4 2		ST E'S	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

CHURCH STREET

P.O.I.

MV1

MV2

CENTRE STREET

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:

Operator of MV1 (MA reg. 328XVF) states he was driving eastbound on Church Street and stopped at a red light. He realized he was in the left turn only lane and began turning into the right lane to proceed straight through the intersection. Operator of MV1 does not believe there was any contact between the two vehicles.

Operator of MV2 (MA taxi reg. TA477C) stated he was in his lane when MV2 turned into him. I did not see any new damage to either vehicle.

Operator of MV2 requested to be evaluated by paramedics. Cataldo paramedics responded and transported operator 2 to Saint Elizabeth's Hospital. MV2 was parked in Eaton Mac Kay Funeral Home parking lot and Veterans Taxi was notified.

(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

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

Placard	40
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CDP1 11 -24:00