

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/30/2019		Time of Crash 08:41 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	
SOUTH BRIDGE ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number								2 10	
WEST WATERTOWN ST 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				Landmark								3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000119							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator TRACY TIMOTHY J Address 92 MARSHALL ST City NEWTON State MA Zip 02472 Insurance Company SAFTEY				Reg # 41239 Reg Type PAR Reg State MA Veh Year 2010 Veh Make CHRYSLER Veh Config. 2 20 Owner TRACY LINDA G Address 92 MARSHALL ST City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Code Operator See Above --- --- 99 4 4 0 0 5 1 Medical Facility								13	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CARUSO AMANDA Address 67 TOLMAN ST City NEWTON State MA Zip 02465 Insurance Company ROCKLAND FEDERAL CREDIT UNION Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 712HT6 Reg Type PAN Reg State MA Veh Year 2013 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 11 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Code Operator/Non-Motorist See Above --- --- --- --- --- 5 1 Medical Facility CARUSO-BRYAN, EVANGELINE 67 TOLMAN ST NEWTON, MA 02465 --- F 5 4 4 2 0 0 5 1									

Crash Narrative:
Oper of Veh #1 stated he was stopped for stop sign and was struck by vehicle #2.
Oper of veh # 2 stated she was traveling SB on Bridge Street and tried to stop but unable to because of the icy conditions. Skidded into a left turn causing her rear end to hit Veh # 1.
The road was a sheet of ice and there were multiple accidents in the area.
Passenger of veh # 2 was checked by medics and mom signed a refusal.

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

MICHAEL D BOUDREAU			NEWTON POLICE DEPT#3		01/30/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					