

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/02/2019		Time of Crash 08:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:						9	
EAST COMMONWEALTH AVE 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 _____								10	
NORTH WALNUT 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 190000136							
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SMITH CHRISTOPHER J Address 209 RIVERVIEW (apt. 34) City NEWTON State MA Zip 02466 Insurance Company CITIZENS				Reg # 4458XR 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								12	
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 _____													
Please fill out for operator and all occupants involved												13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												1	
Operator See Above													
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 CT DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator LOPEZ-HAYNES CRYSTAL LEE Address 25 YORK ST City HARTFORD State CT Zip 06106 Insurance Company ESURANCE				Reg # AA22048 Reg Type PC Reg State CT Veh Year 2003 Veh Make HONDA Veh Config. 1 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								14	
Vehicle Travel Direction: [X S E W] Responding to Emergency? _____ 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													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Ave

Walnut Street

WITNESS 1

WITNESS 2

MV2

MV1

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 (Mass. reg 4458XR) states he was traveling east bound on Commonwealth Ave when he approached the intersection. He states he had a flashing yellow light, slowed down and proceeded through the intersection when he collided with MV2.

Operator of MV2 (CT reg. AA22048) states she was traveling north bound on Walnut Street when she approached the intersection. She states her light was solid green and slowed down as she proceeded through the intersection because MV1 was also proceeding through the intersection. MV2 and MV1 collided.

When on scene I observed the traffic lights to not be working properly. The north bound traffic lights on Walnut Street were completely out and at times would flash red. The Commonwealth Ave lights were flashing yellow. It appears the cause of the accident is a faulty traffic light. Dagle Electric had to come out to

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GORDON, GLYNIS,		----	Y
BOYD, KIMBERLY,	63 KENWOOD AVE NEWTON CENTRE, MA 02459	----	Y

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

JUAN M GARCIA

NEWTON POLICE DEPT.

02/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

