

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 02/05/2019		Time of Crash 19:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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											
WEST HOMER 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								10											
SOUTH KENWOOD AVE 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 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000147															
License # --- St MA DOB/Age ---				Reg # 4NJN20 Reg Type PAN Reg State MA																			
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2015 Veh Make SUBARU Veh Config. 1 20																			
Operator POOLE NANCY G Last First Middle				Owner (Same as operator) Last First Middle									12										
Address 66 PROSPECT ST				Address _____																			
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____																			
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4																			
Citation # (If Issued) _____				Most Harmful Event 1 23																			
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 Y																			
Please fill out for operator and all occupants involved												13											
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	NONE						
POOLE, ROWENA				66 PROSPECT ST NEWTON, MA 02465		-----		F	3	1	4	4	0	0	5	1	NONE						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # 4937RH Reg Type PAN Reg State MA																			
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2011 Veh Make LEXUS Veh Config. 2 20																			
Operator CARVER RICHARD D Last First Middle				Owner CARVER CATHERINE Last First Middle																			
Address 5 DUDLEY RD				Address 5 DUDLEY RD																			
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459																			
Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 1 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 2 3 4																			
Citation # (If Issued) _____				Most Harmful Event 1 23																			
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Please fill out for operator and all occupants involved												13											
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	5	1	NONE						
CARVER, CATHERINE				5 DUDLEY RD NEWTON, MA 02459		-----		F	3	1	4	4	0	0	5	1	NONE						
ROSENBERG, ROBERTA, L				63 PLEASANT ST NEWTON, MA 02459		-----		F	6	1	4	4	0	0	5	1	NONE						
ROSENBERG, MYRON, S				63 PLEASANT ST NEWTON, MA 02459		-----		M	5	1	4	4	0	0	5	1	NONE						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Kenwood Ave
Homer Street
Pleasant Street
Unit 1
Unit 2
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 Vehicle #1 stated that she was traveling West on Homer Street. Vehicle #2 exited from Kenwood Ave, crossing over to Pleasant St., and struck Vehicle #1 on the passenger side front.

Operator of Vehicle #2 stated that he was crossing over Homer St., from Kenwood Ave, heading south onto Pleasant St. Operator stated that he stopped at the stop sign and proceeded, but did not see Vehicle #1. Vehicle #2 struck Vehicle #1 with its front.

Newton FD and Medics responded to the scene. Both vehicles sustained heavy damage and were towed from the scene by Tody's Towing. Inventory sheets were completed and filed. No injuries were reported and the medics cleared with refusals.

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