

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/08/2019		Time of Crash 13:57 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 27 LINCOLN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
3				<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000160			4	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company ALLSTATE INSURANCE				Reg # 266FH2 Reg Type PAN Reg State MA Veh Year 2008 Veh Make JEEP Veh Config. 1 20 Owner BENJAMIN STACEY Address 1938 (apt. 207) WASHINGTON ST City AUBURNDALE State MA Zip 02466 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12		
5 2				Vehicle Travel Direction: N S E X Responding to Emergency? _____										
6 1				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 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														
7 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 A 18 18 Lic. Restrictions 1 19 CDL _____ Operator PALMER LUCAS Address 40 LAVELLE ST City W SPRINGFIELD State MA Zip 01089 Insurance Company LIBERTY MUTUAL				Reg # 6602AP Reg Type APRO Reg State NH Veh Year 2009 Veh Make FRHT Veh Config. 10 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled										
8 2				Vehicle Travel Direction: N S E X Responding to Emergency? _____										
Citation # (If Issued) _____														
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____														
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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														

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ⊕ Pedestrian  
 ie: → 1    → 2    →

Crash Diagram:

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:

MV#1 Was facing Westbound on Lincoln St parked in front of 27 Lincoln St when it was struck by the OPMV#2.

OPMV#2 Was traveling Westbound on Lincoln St when he struck the left side mirror of MV#1.

OPMV#2 Stated he was heading to do a delivery and never noticed he struck a parked car left side mirror.

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 # 6602AP (From Vehicle Section)

Carrier Name COCA COLA BOTTLING CO Carrier Issuing Authority Code 35

Address 4001 LEADENHALL RD City MOUNT LAUREL St NH Zip 08054

US DOT #: 30695 State Number Issuing State NEW JER ICC #: Interstate 2 36

Cargo Body Type Code 0 37 Gross Vehicle Weight 3 38

Trailer Reg #: 2927155 Reg Type TL Reg State MAINE Reg Year 2011 Trailer Length 97 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name Material 4 digit # Release code 42

REID LARSON      NEWTON POLICE DEPT      02/08/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00