

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																					
Date of Crash 02/10/2019		Time of Crash 15:12 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																
CHESTNUT ST												2																
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10																
PRINCE ST						Feet N S E W of _____ Mile Marker _____ Exit Number _____																						
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 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000167																				
License # --- St MA DOB/Age ---				Reg # 8ESB40		Reg Type PAN		Reg State MA																				
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____				Veh Year 2016		Veh Make HOND		Veh Config. 2 20																				
Operator EVANS SINEAD				Owner (Same as operator)									12															
Address 14 LLEWELLYN RD				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 X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2		3 4																				
Citation # (If Issued) _____				Most Harmful Event 1 23		1		10 Undercarriage 5 11 Totaled																				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8		6																				
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		1
Operator				See Above		-----		---		1		4		4		0		0		5		1						
EVANS, CIARA				14 LLEWELLYN RD NEWTON, MA 02465		-----		F		6		1		4		4		0		0		5		1				
EVANS, JAMIE				14 LLEWELLYN RD NEWTON, MA 02465		-----		M		4		4		4		4		0		0		5		1				
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 ---				Reg # 163DT8		Reg Type PAN		Reg State MA																				
Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____				Veh Year 2015		Veh Make TOYT		Veh Config. 2 20																				
Operator WILSON-THAYER NICHOLAS				Owner WILSON CAROLINE																								
Address 39 BEETHOVEN AVE				Address 39 BEETHOVEN AVE																								
City NEWTON State MA Zip 02468				City NEWTON State MA 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 X Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2		3 4																				
Citation # (If Issued) T1441348				Most Harmful Event 1 23		1		10 Undercarriage 5 11 Totaled																				
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24		8		6																				
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/Non-Motorist				See Above		-----		---		1		4		4		0		0		5		1						
AGHASSI, HANNAH				23 PERKINS ST NEWTON, MA 02465		-----		F		3		1		4		4		0		0		5		1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Unit 1

Unit 2

Prince Street

Chestnut Street

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:**

The operator of MV#1 stated that she was traveling south on Chestnut St approaching Prince St when MV#2 pulled out in front of her from Prince St and crash occurred. Operator #1 stated she had no time to stop.

The operator of MV#2 stated that he was traveling west on Prince St and had come to a complete stop at the stop sign at Chestnut St, but did not see MV#1 until it was too late and crash occurred. Operator #2 stated the crash was his fault and he was cited.

**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

GEORGE M CLAFLIN

NEWTON POLICE DEPART

02/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date