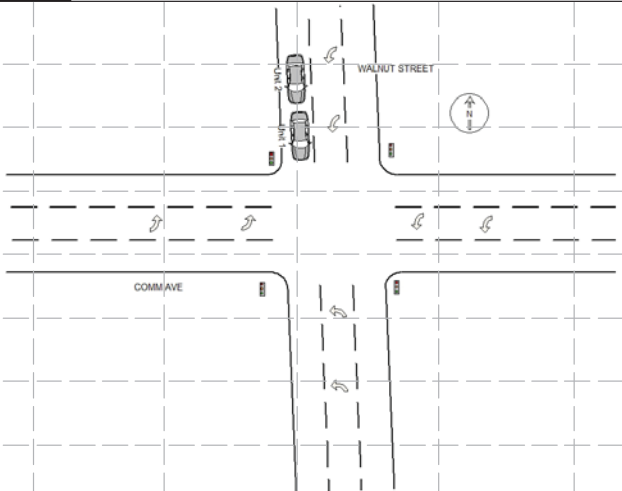


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/16/2019	Time of Crash 17:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
COMMONWEALTH AVE										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
SOUTH WALNUT ST							Feet N S E W of _____ or _____ 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			
Route# Direction Name of Intersecting Roadway/Street							Landmark			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000193	
License # --- St MA DOB/Age ---			Reg # 8TCB80			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Veh Year 2012			Veh Make ACURA			Veh Config. 1 20	
Operator DUMOULIN GARY C			Owner (Same as operator)							
Address 24 MYERSON LN			Address							
City NEWTON State MA Zip 02459			City State Zip							
Insurance Company UNITED SERVICES 907			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 1 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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 See Above			-----			1 4 3 0 0 5 1				
DUMOULIN, BARBARA			24 MYERSON LN NEWTON, MA			F 3 2 4 3 0 0 5 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 ---			Reg # MP507B			Reg Type MVN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017			Veh Make FORD			Veh Config. 1 20	
Operator ROONEY MELANIE			Owner CITY OF NEWTON							
Address 1321 WASHINGTON STREET			Address 1321 WASHINGTON STREET							
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465							
Insurance Company CITY OF NEWTON, SELF INS			Vehicle Action Prior to Crash 2 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			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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			-----			1 4 3 0 0 5 1				

→ 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:

V.1 Was stopped at the intersection of Walnut St and Comm Ave Southbound waiting for the traffic light to turn green when they were hit by V.2 in the rear of their vehicle.

V.2 came to a complete stop behind V.1. When the left lane turn arrow turned green V.2 pulled forward a little and struck V.1 in the rear. There was no visible damage to either vehicle. Pictures were taken and turned into IT.

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 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

STEVEN DEMPSEY

NEWTON POLICE DEPART

02/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date