

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/16/2019		Time of Crash 16:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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		
CENTRE ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
WASHINGTON 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 _____						2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000194						
License # --- St MA DOB/Age ---				Reg # 4NW714		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013		Veh Make HOND		Veh Config. 1 20						
Operator CZUGH KAYLA E				Owner (Same as operator)									12	
Address 1148 BEDFORD ST (apt. 2)				Address _____										
City ABINGTON State MA Zip 02351				City _____ State _____ Zip _____										
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X 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		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													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		0 0 4 1		NWH		
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 # 89VM89		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2007		Veh Make HOND		Veh Config. 1 20						
Operator LEBLANC NORMAND				Owner (Same as operator)										
Address 65 COMMONWEALTH PK WEST				Address _____										
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____										
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X 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 5 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		0 0 5 1				

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR								Latitude	Local Police	<input type="checkbox"/>	
									Longitude	MBTA Police	<input type="checkbox"/>	
										Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10
At			Feet N S E W of or Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									11
Also at Intersection with			Feet N S E W of									
Route# Direction Name of Intersecting Roadway/Street			Landmark									
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # St DOB/Age			Reg # Reg Type Reg State									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator Last First Middle			Owner Last First Middle						12
Address			Address									
City State Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
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			13
Operator			See Above									
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 15 97 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator SHARPE TOM Last First Middle			Owner Last First Middle						
Address 152 COMWAY RD			Address									
City S DEERFIELD State MA Zip			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
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						5 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Opr of V2 stated he was behind V1 on Centre Street. Opr states both vehicles were waiting to turn right onto Washington Street. Opr states he was looking left waiting for an opening and did not look to see if V1 was moving. At this time, Opr of V2 started to travel forward and made contact with the rear of V1.

Opr of V1 was not on scene due being pregnant. Her father Tom Sharpe was on scene and stated his daughter was waiting to turn right and was struck from behind. Sharpe stated his daughter had some pain to her neck and stomach region and his wife took her to the hospital.

Both vehicles suffered minor damage and were not towed. Opr of V1 sustained minor injuries and went to the hospital with her mother. I was unable to make contact with Opr of V1, but Opr of V2 stated he knew he was at

(Continued on next page)

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

DANIEL ANDERSON	32456	NEWTON POLICE DEPT	02/16/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

