

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|--|---------------------|--|---|----------------------|--|---|--|--|
| Date of Crash 02/19/2019 | Time of Crash 09:03 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 Latitude Longitude | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| SOUTH CRAFT ST Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | |
| EAST ALBEMARLE RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Mile Marker Exit Number | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | | |
| | | | Landmark | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190000197 | | |
| License # --- St MA DOB/Age --- | | | Reg # 311-XH4 Reg Type PAN Reg State MA | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment | | | Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20 | | | | | | | | |
| Operator KOTIN ALISON Last First Middle | | | Owner (Same as operator) Last First Middle | | | | | | | | |
| Address 598 LEXINGTON ST | | | Address | | | | | | | | |
| City WALTHAM State MA Zip 02452 | | | 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 9 | | | 10 Undercarriage | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 1 24 24 | | | 8 7 6 | | | 5 11 Totaled | | |
| 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 99 0 0 5 1 | | | | | |
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| 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 # 6KK193 Reg Type PAN Reg State MA | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment | | | Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20 | | | | | | | | |
| Operator EDMONSON GEORGE Last First Middle | | | Owner (Same as operator) Last First Middle | | | | | | | | |
| Address 544 WAVERLY ST | | | Address | | | | | | | | |
| City FRAMINGHAM State MA Zip 01702 | | | City State Zip | | | | | | | | |
| Insurance Company ARBELLA MUTUAL | | | 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 | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | | 1 9 | | | 10 Undercarriage | | |
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| Operator/Non-Motorist See Above | | | ----- | | | 1 4 99 0 0 5 1 | | | | | |
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| Crash Narrative: | |
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| OPERATOR #1 STATED SHE WAS GOING S/B ON CRAFT ST WHEN VEHICLE #2 PULLED OUT FROM ALBEMARLE RD INTO THE INTERSECTION CAUSING THE CRASH. | |
| OPERATOR #2 WAS STOPPED FACING E/B ON ALBEMARLE RD AND WAS ATTEMPTING TO CROSS THE INTERSECTION TO GET TO THE OTHER SIDE OF ALBEMARLE RD WHEN HE CRASHED INTO VEHICLE #1 IN THE INTERSECTION. | |
| OPERATOR #2 FURTHER REPORTED NOT SEEING VEHICLE #1 COMING DOWN CRAFT ST. | |
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| Property Damage: | | | | |
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| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
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|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| THOMAS J MCCARTHY | | | NEWTON POLICE DEPARTM | | 02/19/2019 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
| CDP1 11 :24:00 | | | | | |