

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/19/2019		Time of Crash 07:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	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:							
FRANKLIN ST													
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street									
At				Feet N S E W of _____ or _____									
WAVERLEY AVE				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street									
Also at Intersection with				Feet N S E W of _____									
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 190000198					
License # --- St MA DOB/Age ---				Reg # 8928AN Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2005 Veh Make HONDA Veh Config. 2 20									
Operator GIBSON SAMUEL H				Owner (Same as operator)									
Address 46 NAPLES RD				Address									
City BROOKLINE State MA Zip 02446-2521				City State Zip									
Insurance Company COMMERCE				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				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				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 See Above				1 1 99 0 0 5 1									
PHILBRICK, ZECHARIAH, T 31 DIGITAL DR (apt 104) NASHUA, NH 03062				M 3 1 1 99 0 0 3 1				N/A					
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 # 7SH894 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2010 Veh Make MAZDA Veh Config. 1 20									
Operator TORRES-NARANJO ANGELA M				Owner EVANS RICHARD M									
Address 30 BOLTON RD				Address 82 (apt. 537) WALFORD WAY									
City HARVARD State MA Zip 01451				City CHARLESTOWN State MA Zip 02129									
Insurance Company METROPOLITAN PROP				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				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 13 24 4 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				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				1 3 99 0 0 3 2				SAINT ELIZABETHS					

→ 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:

Operator of MV1 (Mass reg. 8928AN) states he was traveling south bound on Waverly Ave when MV2 went through the stop sign and entered the intersection causing him to collide with MV2.

Operator of MV2 (Mass reg. 7SH894) states she does not have much recollection from the accident. She states she had glare in her eyes when she was traveling east bound on Franklin Street and stopped at the intersection with Waverly Ave and proceeded through the intersection and collided with MV1.

All parties were evaluated by Cataldo paramedics, operator of MV2 was transported to Saint Elizabeth's Hospital with minor injuries. Tody's towed both motor vehicles.

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