

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/19/2019		Time of Crash 12:53 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 1269 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ • _____ or _____ _____ Mile Marker _____ Exit Number _____ _____ Feet [N S E W] of _____ _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	2
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000200							
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____ Operator PAYNE DIANA M Address 34 MT VERNON ST (apt. 2) City DORCHESTER State MA Zip 02125 Insurance Company COMMERCE				Reg # 625GX4 Reg Type PAN Reg State MA Veh Year 2015 Veh Make INFINITI Veh Config. 1 20 Owner GROSS STEVEN Address 73 PARKER ST City NEWTON CENTRE State MA Zip 02459 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled								12	1
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	1
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above													
GROSS, DAISY 73 PARKER ST NEWTON, MA 02459													
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 FL DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____ Operator SCOTT-PENNINGTO KAYLEE A Address 20 COLBORNE RD City BRIGHTON State MA Zip 02135 Insurance Company GEICO				Reg # 9KM958 Reg Type PAN Reg State MA Veh Year 2016 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled								13	1
Citation # (If Issued) T0340420 Violation 1: Ch 19/71 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

Centre St

#1269

Unit 1 Unit 2

← N

NOT TO SCALE

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:

Mv#1 operator stated she was at a complete stop in traffic on Centre St N/B opposite #1269. #1 stated she was suddenly rear ended by Mv#2. No injuries reported. #1 appeared to sustain moderate damage and was driven away from the scene.

#2 operator stated she was travelling straight ahead on Centre St N/B passing through the Beacon St intersection. #2 stated she was distracted by watching a pedestrian nearby and as a result rear ended #1 ahead of her. No injuries. #1 sustained heavy front damage and was towed by AAA towing.

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	02/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00