

Police Use Only						Commonwealth of Massachusetts							RMV Document Number																				
Date of Crash 03/06/2019	Time of Crash 14:32		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:																	
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:																							
CENTRE AVE																																	
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street																											
At																																	
EAST MASS PIKE OFF RAMP EXIT 17 EAST						Feet N S E W of . or Exit Number																											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Intersection Roadway/Street																											
Also at Intersection with																																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000243																							
License # --- St MA DOB/Age ---						Reg # 121-ZR1 Reg Type PAN Reg State MA						Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment																					
Operator HAYES MARCIA Last First Middle						Owner (Same as operator) Last First Middle						Veh Year 2012 Veh Make ACURA Veh Config. 1 20																					
Address 101 CHESTNUT ST (apt. 2)						Address						City FOXBORO State MA Zip 02035																					
Insurance Company SAFETY						Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 1 22 22 22 22 2																					
Vehicle Travel Direction: N S X W Responding to Emergency?						Most Harmful Event 1 23						Driver Contributing Code 99 24 24																					
Citation # (If Issued)						Underride/Override 25 Towed N						10 Undercarriage 5 11 Totaled																					
Please fill out for operator and all occupants involved																																	
Name (Last First Middle) Operator						Address See Above						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		4		99		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 RI DOB/Age ---						Reg # ZB-998 Reg Type PAN Reg State RI						Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment																					
Operator COTE ANTHONY Last First Middle						Owner (Same as operator) Last First Middle						Veh Year 2018 Veh Make JEEP Veh Config. 2 20																					
Address 36 ANN ST						Address						City WESTERLY State RI Zip 02891																					
Insurance Company ALL STATE						Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 1 22 22 22 22 2																					
Vehicle Travel Direction: N S X W Responding to Emergency?						Most Harmful Event 1 23						Driver Contributing Code 99 24 24																					
Citation # (If Issued)						Underride/Override 25 Towed N						10 Undercarriage 5 11 Totaled																					
Please fill out for operator and all occupants involved																																	
Name (Last First Middle) Operator/Non-Motorist						Address See Above						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		4		99		0		0		5		1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

MASS PIKE OFF RAMP TO EXIT 17 E/B

CENTRE AVE

Unit 1

Unit 2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

Crash Narrative:

OPERATOR #1 STATED SHE WAS STOPPED AT THE OFF RAMP TO EXIT 17 E/B AND WAS ATTEMPTING TO ENTER OUT INTO TRAFFIC ONTO CENTRE AVE WHEN VEHICLE #2 CRASHED INTO HER. ACCORDING TO OPERATOR #1 VEHICLE #2 CAME FROM HER REAR AND PULLED ALONG SIDE HER THEN PROCEEDED OUT AS SHE BEGAN TO ENTER OUT ONTO CENTRE AVE AT THE SAME TIME.

OPERATOR #2 STATED HE WAS STOPPED AT THE OFF RAMP E/B AT EXIT 17 WAITING TO SAFELY ENTER OUT INTO TRAFFIC WHEN VEHICLE #1 PULLED ALONG SIDE OF HIM TO HIS RIGHT. HE THEN BEGAN TO PULL OUT INTO TRAFFIC WHEN VEHICLE #1 STRUCK HIS VEHICLE.

AT THIS TIME ITS UNCLEAR WHO WAS RESPONSIBLE FOR THIS CRASH.

BOTH VEHICLES HAD MOVED FROM THE CRASH LOCATION WHICH MIGHT OF PRESENTED A CLEARER PICTURE OF WHO CAUSED

(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

→ 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:

THIS CRASH.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

03/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date