

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 03/11/2019		Time of Crash 07:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
SOUTH BRAELAND AVE Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number											
WEST CYPRESS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000265											
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Operator HAYDEN RAYMOND Last First Middle Address 18 WHEATON DR City ATTLEBORO State MA Zip 02703 Insurance Company COMMERCE Vehicle Travel Direction: N S E Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 3CT858 Reg Type PAN Reg State MA Veh Year 2014 Veh Make CHEVY Veh Config. 1 20 Owner (Same as operator) Last First Middle 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 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totalled											
Please fill out for operator and all occupants involved						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 --- --- 99 4 99 0 0 5 1											
Please Select One of the Following:						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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL Operator CHRISTOPHER JOHN S Last First Middle Address 134 WARREN ST City REVERE State MA Zip 02151 Insurance Company ALLMERICA FINANCIAL Vehicle Travel Direction: N X E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # E7 Reg Type COR Reg State MA Veh Year 2012 Veh Make FORD Veh Config. 1 20 Owner OIL & ENERGY BIGELOW Last First Middle Address 50 TOWER RD City NEWTON State MA Zip 02464 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totalled											
Please fill out for operator and all occupants involved						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 --- --- 99 4 99 0 0 5 1											

→ 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

○

NOT TO SCALE

Crash Narrative:

Mv#1 operator stated he was travelling on Cypress St W/B and when he reached the Braeland Ave intersection, he stated Mv#2 pulled out from Braeland and struck his Mv on the passenger side.

Mv#2 operator stated he came to a complete stop (stop sign) at the end of Braeland Ave at Cypress St.

#2 stated traffic was backed up on Cypress St W/B and the stopped traffic allowed for a safe means for him to pull out turning left onto Cypress. #2 also stated there was no vehicle traffic coming from Cypress St E/B the opposite direction and was clear. #2 stated when he nosed out onto Cypress St, #1 drove around from behind W/B traffic onto the other side of the road and struck his front end of the Mv. #2 drew a diagram on scene to further accentuate the details he described.

When #1 was asked if he drove around traffic or onto the other side of the road, he denied it. When asked if

(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 →

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on a Public Way:

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- ☐ Garage
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Indicate North by Arrow



Crash Narrative:

he ever came to a stop in traffic or if he was travelling straight ahead, he replied he was driving straight ahead.

#1 sustained significant passenger side damage and #2 sustained lighter front end damage that included a ripped off front license plate that was later picked up off the street by #2. No injuries. No witnesses. Based on statements provided and traffic knowledge of the area, although #1 has right of way, it appears #2 used defensive operator measures to avoid a collision.

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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