

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 03/11/2019		Time of Crash 09:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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					
1	1	WEST DEDHAM ST											2				
Route#		Direction		Name of Roadway/Street				Route#		Direction		Address #		Name of Roadway/Street		10	
				At													
SOUTH GREENWOOD ST									Feet		N S E W		of		• or		
Route#		Direction		Name of Intersecting Roadway/Street								Mile Marker		Exit Number			
				Also at Intersection with													
Route#		Direction		Name of Intersecting Roadway/Street								Route#		Intersecting Roadway/Street		11	
														Landmark		3	
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3	1	1	1														

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

DEDHAM ST

GREENWOOD ST

MV#1

MV#2

STOP

N

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:

OPER OF MV#1 STATED THAT SHE WAS TRAVELLING (WB) ON DEDHAM ST, WHEN MV#2 PULLED OUT OF GREENWOOD ST, AND STRUCK HER VEHICLE.

OPER OF MV#2 STATED THAT HE DID NOT SEE AN APPROACHING MV#1, AND PULLED OUT FROM GREENWOOD ST ON TO DEDHAM ST. MV #2 AND MV# 1 THEN COLLIDED.

OPER OF MV#2 WAS CITED FOR 89/9 FAIL TO COMPLY WITH A STOP SIGN.

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

RICHARD F BENES

NEWTON POLICE DEPART

03/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date