

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/05/2019	Time of Crash 09:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 30 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:					
CENTRE ST									2 9	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street						2 10	
At			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
BELLEVUE ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Also at Intersection with									3	
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 1900000340			
License # --- St MA DOB/Age -- --			Reg # R70295		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2015		Veh Make FREIGHT		Veh Config. 6 20			
Operator RODDA ADAM			Owner UNITED PARCEL SEI						12	
Address 160 PLEASANT ST			Address 15 ARLINGTON ST						1	
City ARLINGTON State MA Zip 02476			City WATERTOWN State MA Zip 02472							
Insurance Company LIBERTY MUTUAL			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 9 10 Undercarriage 11 Totaled					
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved									13	
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		1	
Operator See Above			-----		1 4 99 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 ME DOB/Age -- --			Reg # 191VA		Reg Type PAN		Reg State ME			
Sex M Lic. Class C 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2009		Veh Make CADDY		Veh Config. 1 20			
Operator SEARLES RICHARD			Owner (Same as operator)							
Address 219 E GRAND AVE (apt. 8D)			Address _____							
City OLD ORCHARD BEACH State MH Zip 04064			City _____ State _____ Zip _____							
Insurance Company USAA			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4 9 10 Undercarriage 11 Totaled					
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved										
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Operator/Non-Motorist See Above			-----		1 4 99 0 0 9 1					
SEARLES 219 E GRAND AVE (apt 8D) OLD ORCHARD BEACH, ME 04064			-- --		F 3 1 4 99 0 9 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St  
Bellevue St  
Hyde Ave  
Unit 1  
Unit 2  
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:**

OPERATOR #1, UPS TRUCK DRIVER REPORTS GOING S/B ON CENTRE ST WHEN VEHICLE #2 ENTERED OUT INTO THE INTERSECTION FROM BELLEVUE ST CATCHING HIS REAR PASSENGER SIDE BUMPER.

OPERATOR #2 STATED HE WAS STOPPED E/B ON BELLEVUE ST@ CENTRE ST. HE THEN ATTEMPTED TO TURN LEFT, N/B ONTO CENTRE ST WHEN HE STRUCK A USP TRUCK AS IT WAS PASSING BY HIM. OPERATOR FURTHER REPORTED NOT SEEING THE TRUCK COMING PRIOR TO THE 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 # R70295 (From Vehicle Section)

Carrier Name UNITED PARCEL SERVICES INC Carrier Issuing Authority Code 35

Address 15 ARLINGTON ST City WATERTOWN St  Zip 02472

US DOT #:  State Number  Issuing State MASSAK 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