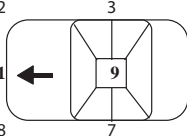
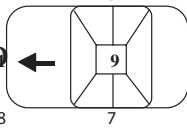


Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/06/2019	Time of Crash 10:48 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH LEXINGTON ST Route# Direction Name of Roadway/Street At 30 COMMONWEALTH AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number 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 190000343		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator DIMARCO FREDERICK Address 9 JARFREY CIRCLE City WABAN State MA Zip 02468 Insurance Company QUINCY MUTUAL FIRE 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 # 6XZ215 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 								
Please fill out for operator and all occupants involved			13								
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 --- 1 4 99 0 0 10 1 NONE								
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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator WILEY KIM ANN Address 94 BRIGHT ST City WALTHAM State MA Zip 02453 Insurance Company COMMERCE Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) T1273600 Violation 1: Ch 90/24/F Sec _____ Violation 2: Ch 90/24/C Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 38F718 Reg Type PAN Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 2 20 Owner KAMERMAN BENJAMIN Address 51 BRIGHT ST City WALTHAM State MA Zip 02471 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 14 24 24 Underride/Override 25 Towed Y 								
Please fill out for operator and all occupants involved			13								
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 --- 1 4 99 0 0 10 1 NONE								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

commonwealth ave

lexington st

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

**Crash Narrative:**

OPERATOR #1 REPORTED HE WAS STOPPED S/B ON LEXINGTON ST @ COMMONWEALTH AVE FOR THE TRAFFIC LIGHT WHEN HE WAS REAR ENDED BY VEHICLE #2. HE FURTHER REPORTED VEHICLE #2 AFTER HITTING HIS VEHICLE CONTINUED ON AND WAS LAST SCENE TURNING EAST ONTO COMMONWEALTH AVE. OPERATOR THEN CONTACTED POLICE.

VEHICLE #2 WAS LATER LOCATED ON THE CARRIAGE SIDE OF COMMONWEALTH AVE PARKED HALFWAY BACKED INTO THE DRIVEWAY OF #2081 COMMONWEALTH AVE FACING SOUTH. OPERATOR OF VEHICLE #2 WAS SUBSEQUENTLY ARRESTED FOR OPERATING UNDER THE INFLUENCE AND LEAVING THE SCENE. SEE INCIDENT REPORT #19012940. DUE TO HER INTOXICATION WAS UNABLE TO PROVIDE ANY STATEMENT REGARDING THE CRASH. VEHICLE WAS TOWED BY TODY'S DUE TO ARREST. THERE WERE NO INJURIES DUE TO THIS ACCIDENT.

**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

THOMAS J MCCARTHY      NEWTON POLICE DEPT      04/06/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00