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|--|--|----------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 04/08/2019 | | Time of Crash 17:06 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | 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: | | | | | | | |
| <div><div>SOUTH</div><div>PARK ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>TREMONT ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div> | | | | <div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Landmark</div></div> | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000351 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 12ZV77 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Endorsment | | | | Veh Year 2006 Veh Make CADI Veh Config. 1 20 | | | | | | | | | |
| Operator THIBODEAU LOUIS Last First Middle | | | | Owner MACKEY MARYELLEN Last First Middle | | | | | | | | | |
| Address 1129 MAIN ST | | | | Address 1129 MAIN ST | | | | | | | | | |
| City WALTHAM State MA Zip 02451 | | | | City WALTHAM State MA Zip 02451 | | | | | | | | | |
| Insurance Company COMMERCE INS | | | | Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 5 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 6 | | | | | |
| 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 ----- --- 1 4 99 0 0 10 1 N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 --- | | | | Reg # MM1807 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Endorsment | | | | Veh Year 2007 Veh Make HONDA Veh Config. 1 20 | | | | | | | | | |
| Operator WATNICK SHEILA Last First Middle | | | | Owner APPELL ROGER Last First Middle | | | | | | | | | |
| Address 348C UNION ST | | | | Address 348C UNION ST | | | | | | | | | |
| City ASHLAND State MA Zip 01721 | | | | City ASHLAND State MA Zip 01721 | | | | | | | | | |
| Insurance Company ARBELLA MUTUAL INS | | | | Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 20 24 24 | | | | 5 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 6 | | | | | |
| 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 ----- --- 1 4 99 0 0 10 1 N/A | | | | | | | | | | | | | |
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[illegible]

| Property Damage: | | | | |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
| | | | | |
| | | | | |

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|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| KEVIN DURICKAS | | | NEWTON POLICE DEPARTM | | 04/08/2019 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
| CDP1 11-24-00 | | | | | |