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| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 04/14/2019 | | Time of Crash 10:41 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: | | | | | | 9 | |
| 1 | 1 | EAST MASS PIKE EXIT RAMP E/B Route# Direction Name of Roadway/Street At | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | 2 |
| 2 | 2 | EAST CENTRE AVE 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 | | | | | | | 10 |
| 3 | 3 | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | Case Number 190000376 | | | | | | | 11 |
| 4 | 2 | License # --- St TN DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL Operator GRABER ISAAC MARGOLIN Address 5696 VANTAGE POINT City MEMPHIS State TN Zip 38120 Insurance Company NATIONWIDE | | | | Reg # 2L76PO Reg Type PAN Reg State TN Veh Year 2015 Veh Make NISSAN 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 Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | 12 |
| 5 | 5 | Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ | | | | 10 Undercarriage 5 11 Totaled | | | | | | | 13 |
| 6 | 1 | 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 | | | | | | | 1 |
| 7 | 6 | Operator See Above | | | | | | | | | | | |
| 8 | 4 | 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 9 19 CDL Operator MARTIN WILLIAM Address 24 ATKINS ST City BRIGHTON State MA Zip 02135 Insurance Company LIBERTY MUTUAL Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | 13 |
| 9 | 4 | Reg # 9TM860 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) 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 19 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | 10 Undercarriage 5 11 Totaled | | | | | | | 13 |
| 10 | 4 | 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 | | | | | | | |
| 11 | 4 | Operator/Non-Motorist See Above | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Mass Pike Off Ramp East

Centre Ave

Unit 1

Unit 2

STOP

North Arrow

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 STATED HE WAS STOPPED AT THE OFF RAMP TO THE MASS PIKE E/B ATTEMPTING TO ENTER OUT ONTO CENTRE AVE WHEN HE WAS REAR ENDED BY VEHICLE #2.

OPERATOR #2 STATED HE WAS STOPPED BEHIND VEHICLE #1 AT THE OFF RAMP TO THE MASS PIKE E/B. HE THEN REPORTS VEHICLE#1 BEGAN TO PULL OUT ONTO CENTRE AVE, WHEN HE TO BEGAN TO FOLLOW WHILE AT THE SAME TIME LOOKING TO HIS LEFT FOR ANY TRAFFIC COMING OVER THE BRIDGE. AS HE WAS LOOKING TO HIS LEFT VEHICLE #1 HAD STOPPED AGAIN CAUSING HIM TO CRASH INTO THE REAR OF HIS VEHICLE.

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 DEPART** **04/14/2019**

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

CDP1 11 -24:00