

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/23/2019	Time of Crash 14:35 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 150 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				7 11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000406		
License # --- St MA DOB/Age ---			Reg # 5EG624 Reg Type PAS Reg State MA			20					
Sex M Lic. Class D 18 18 Lic. Restrictions M 19 CDL Endorsment			Veh Year 2006 Veh Make GMC Veh Config. 2			12					
Operator DOWNS ANTHONY Last First Middle			Owner (Same as operator) Last First Middle			7					
Address 359 BAKER ST			Address								
City WROXBURY State MA Zip 02132			City State Zip								
Insurance Company COMMERCE INS.			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E 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 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			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			13		
Operator See Above			Age/DOB Sex --- 99 4 99 0 0 10 1						2		
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 # 1RBB71 Reg Type PAS Reg State MA			20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make TOYOTA Veh Config. 1			1					
Operator TEVIS KATHERINE Last First Middle			Owner (Same as operator) Last First Middle			7					
Address 250 QUINOBQUIN RD			Address								
City NEWTON State MA Zip 02468			City State Zip								
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 2 22 22 22 22 2			3 4					
Citation # (If Issued) T144225			Most Harmful Event 2 23			10 Undercarriage					
Violation 1: Ch 90/24/I Sec Violation 2: Ch 90/24/E Sec			Driver Contributing Code 10 24 24			5 11 Totaled					
Violation 3: Ch 90/34/I Sec Violation 4: Ch 90/23/I Sec			Underride/Override 25 Towed Y			6					
Please fill out for operator and all occupants involved			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			13		
Operator/Non-Motorist See Above			Age/DOB Sex --- 99 4 99 0 0 10 3						2		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

On 04/23/19 at approximately 14:35 Officer Gabriel and I responded to #150 Needham St- The Upper Falls Discount Liquor Store for a crash involving two vehicles. Veh #2 backed into parked veh #1. There was slight damage to veh #1 but moderate damage to veh #2. It was later determined operator of veh #2 was operating under the influence of alcohol when she backed into parked veh #1. Veh #2 was towed from the scene by Today's towing after Officer Gabriel completed a towed vehicle form. Veh #2 registration was queried and came back revoked for insurance. The operator of veh #2 was arrested (NPD Report #19015765) and given in hand Mass. Citation's # T1444225 and T1444226 for Ch 90/Sec 24/J-O.U.I. Liquor, Ch 90 / Sec 24/E- Negligent Operation of a M.V., Ch 90/ Sec 34/J- Operating with out Insurance and Ch 90/ Sec 23 Operating after Registration Revocation.

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

ZACHARY S RAYMOND

NEWTON POLICE DEPT

04/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date