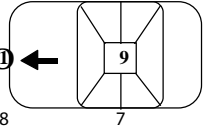
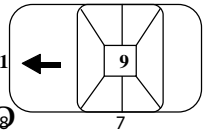


Police Use Only						Commonwealth of Massachusetts							RMV Document Number							
Date of Crash 04/23/2019	Time of Crash 17:20 <div style="text-align:center;">24HR</div>		City/Town NEWTON			Motor Vehicle Crash Police Report							Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:										
																2	9			
WEST CRAFTS ST																2	10			
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street										2				
EAST WALTHAM ST						Feet N S E W of . or Mile Marker Exit Number														
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street											11			
Route# Direction Name of Intersecting Roadway/Street						Landmark										6				
<input checked="" type="checkbox"/> Vehicle 1 _ #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000407												
License # --- St MA DOB/Age ---- Reg # 1RZ333 Reg Type PAN Reg State MA														1	12					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2012 Veh Make FORD Veh Config. 2 20																				
Operator CLARKE THOMAS L Owner CLARKE THOMAS Last First Middle Address 21 COLUMBUS PL City NEWTON State MA Zip 02465 Insurance Company SAFETY INSURANCE Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)																				
Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 18 24 24 Underride/Override Towed Y																10 Undercarriage 5 11 Totaled				
Please fill out for operator and all occupants involved														1	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 4 0 0 10 1																				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 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 MA DOB/Age ---- Reg # 1HY278 Reg Type PAN Reg State MA																				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20																				
Operator HEWSON SHANE P Owner (Same as operator) Last First Middle Address City BOSTON State MA Zip 02135 Insurance Company GEICO Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																				
Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 18 24 24 Underride/Override Towed Y																10 Undercarriage 5 11 Totaled				
Please fill out for operator and all occupants involved																				
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 4 0 0 10 1																				

→ 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:

Operator of MV1 states he was traveling westbound on Crafts Street attempting to take a left on Waltham Street when a large SUV in front of him stopped in the middle of the intersection because of oncoming traffic from Waltham Street eastbound. Operator of MV1 states at the time he had a green traffic light, but while in the middle of the intersection it turned red. At that time, the SUV and MV1 attempted to turn left onto Waltham Street when MV2 struck MV1. MV1 sustained damage to the front fender and was towed.

Operator of MV2 states he was traveling eastbound on Waltham Street approaching Crafts Street when he saw a large SUV in the middle of the intersection. Operator of MV2 states when he entered the intersection, the SUV took a left onto Crafts Street and when MV2 proceeded into the intersection MV1 appeared from behind the SUV and MV2 struck MV1. Operator of MV2 states MV1 was completely obstructed by the large SUV and didn't know he

(Continued on next page)

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ 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

→ 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:

was in the middle of the intersection. MV2 sustained damage to the left front corner panel and was towed.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ 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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

04/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date