

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/24/2019		Time of Crash 11:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				29 CRAFTS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ WHOLE FOODS Landmark _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000413			3	
License # _____ St MA DOB/Age _____				Reg # 4007RX Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2006 Veh Make SAAB Veh Config. 1 20										
Operator RUTKIEWICZ SUSAN M				Owner (Same as operator)									12	
Address 44 LAKE SHORE RD				Address _____										
City BRIGHTON State MA Zip 02135				City _____ State _____ Zip _____										
Insurance Company PROGRESSIVE CASUALTY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 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													13	
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	
Operator See Above				-----										
7 3				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 # HLA265 Reg Type PAN Reg State VI										
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20										
Operator MAIBEN DANA				Owner (Same as operator)										
Address 136 PROSPECT ST				Address _____										
City BRATTLEBORO State VI Zip 05391				City _____ State _____ Zip _____										
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 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				-----										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WHOLE FOODS

CRAFT ST

WHOLE FOODS EXIT

Unit 1

Unit 2

Unit 2

#29 CRAFT ST

N

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 REPORTS SHE WAS GOING N/B ON CRAFT ST WHEN VEHICLE #2 EXITED OUT FROM THE PARKING LOT OF WHOLE FOODS CRASHING INTO HER VEHICLE.

OPERATOR #2 REPORTS SHE WAS ATTEMPTING TO EXIT ON CRAFT ST FROM THE PARKING LOT OF WHOLE FOODS AFTER FIRST LOOKING BOTH WAYS BUT STRUCK VEHICLE #1 ON CRAFT ST. SHE FURTHER STATED SHE NEVER SAW VEHICLE #1 COMING N/B PRIOR TO THE CRASH.

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 04/24/2019

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

CDP1 11 -24:00