

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																			
Date of Crash 04/26/2019	Time of Crash 22:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</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:																																																																					
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			9 Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ 10 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____																																																																							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000425																																																																			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>MCMAINS</u> <u>EMILY</u> <u>A</u> Address <u>283 WOODLAND RD</u> City <u>AUBURNDALE</u> State <u>MA</u> Zip <u>02466</u> Insurance Company <u>SAFECO</u>			Reg # <u>6EBB40</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>TOYT</u> Veh Config. <u>2</u> <u>20</u> Owner <u>BROWN</u> <u>MATTHEW</u> Address <u>60 DWHINDA RD</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02468</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>																																																																							
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Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped																																																																
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

Walnut St

Unit 2

Unit 1

NOT TO SCALE

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 she was driving westbound on Beacon St. She states she was driving through a green light at Walnut St, when her vehicle was struck on the passenger side by MV2. MV2 was traveling southbound and went through a red light prior to colliding with MV1.

Operator of MV2 stated she was "at fault". She was issued in hand MA citation #T1444149 for 89/9, Fail to Stop, Yield.

Both vehicles were towed by Todys. Initially both parties refused medical attention. After the accident was cleared, Operator of MV2 admitted the accident was a suicide attempt. She was transported to NWH voluntarily by Cataldo EMS.

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

DANIEL RICHARD POUTAS NEWTON POLICE DEPTA 04/27/2019

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

CDP1 11 24:00