

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/01/2019		Time of Crash 18:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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	
SOUTH CHESTNUT ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
EAST ELLIS ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						3			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000440							
License # --- St MA DOB/Age ---				Reg # 672HW8 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 1997 Veh Make TOYOTA Veh Config. 1 20									
Operator EWING HANNAH				Owner WILLIAMS EMILY								12	
Address 12 COTTAGE ST				Address 12 COTTAGE ST									
City NEWTON State MA Zip 02464				City NEWTON State MA Zip 02464									
Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X 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 19 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator				See Above		-----		---					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 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 # 2TFT41 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make JEEP Veh Config. 2 20									
Operator SCHNEIDER BENJAMIN				Owner REILLY SEAN									
Address 22 HILLSIDE AVE.				Address 53 LIVINGSTON CIR									
City NEEDHAM State MA Zip 02494				City NEEDHAM State MA Zip 02492									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22				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 Y				6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator/Non-Motorist				See Above		-----		---					
REILLY, JILLIAN				53 LIVINGSTON CIR. NEEDHAM, MA 02492		-----		F 3					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

1010 chestnut st

winter st

ellis st

NOT TO SCALE

← 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:**

ON 5-1-19 AT APPROX. 1811HRS. WHILE WORKING N498 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CHESTNUT AND WINTER ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS STOPPED AT THE STOP SIGN AT ELLIS AND CHESTNUT AND WAS PREPARING TO CROSS OVER CHESTNUT ONTO WINTER ST. DRIVER STATES AS SHE ENTERED CHESTNUT VEHICLE #2 CAME OVER THE HILL TO HER LEFT ON CHESTNUT AND SHE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #2 STATES HE WAS TRAVELING S-BOUND ON CHESTNUT. AS HE CAME OVER THE HILL ON CHESTNUT ST. HE STATES VEHICLE #1 PULLED ONTO CHESTNUT AND HE WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD LEFT FRONT END DAMAGE. VEHICLE #2 HAD RIGHT FRONT END DAMAGE. BOTH VEHICLES WERE OPERATIONAL AND ABLE TO LEAVE THE SCENE ON THEIR OWN. ALL PARTIES INVOLVED REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED THE SCENE WITHOUT FURTHER INCIDENT.

**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 P WALSH      NEWTON POLICE DEPTA      05/01/2019

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

CDP1 11 -24-00