

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/06/2019		Time of Crash 07:10 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	
EAST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At NORTH OLD COLONY RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10
1 1				2 2								11	2
3				3								12	1
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000457					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions N 19 CDL _____ Operator TONG DUC Address 7 TOLLGROSS RD City CHELMSFORD State MA Zip 01824 Insurance Company METROPOLITAN PROPERTY				Reg # 6PM489 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	1
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								13	1
Operator				See Above									
7 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 --- Sex M Lic. Class D 18 18 Lic. Restrictions N 19 CDL _____ Operator DILANDO ARMAND Address 10 SCOTT DRIVE City CHELMSFORD State MA Zip 01824 Insurance Company PLYMOUTH ROCK				Reg # 8NE663 Reg Type PAN Reg State MA Veh Year 2018 Veh Make MERCEDES Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	1
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								13	1
Operator/Non-Motorist				See Above									

→ 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:

VEHICLE #1 WAS TRAVELING STRAIGHT AHEAD ON COMMONWEALTH AVE, HEADING EASTBOUND. SUDDENLY AT THE INTERSECTION OF OLD COLONY RD, WITHOUT WARNING, A WOMAN CROSSED THE STREET WITH THREE YOUNG CHILDREN. (THE WOMAN WAS IN THE CROSSWALK). VEHICLE #1 STOPPED IMMEDIATELY, UNFORTUNATELY VEHICLE #2 COULD NOT STOP IN TIME AND STRUCK VEHICLE #1. NO INJURIES REPORTED. VEHICLE #2 TOWED BY TODYS TOWING ON NEWTON.

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

EDWARD A BOUDROT		NEWTON POLICE DEPT		05/06/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24:00