

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 05/06/2019	Time of Crash 14:27 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 325 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				Route# Direction Name of Roadway/Street At				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Name of Intersecting Roadway/Street Feet N S E W of				Route# Direction Name of Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000463		
License # --- St MA DOB/Age ---			Reg # 55W570 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 DENNIS DOMONIQUE Last First Middle			Owner PV HOLDING CORP Last First Middle			Address 11 RADFORD LN (apt. 1)			Address 375 MCCLELLAN HWY		
City BOTON State MA Zip 02124			City E. BOSTON State MA Zip 02128			Insurance Company TRAVELERS			Vehicle Action Prior to Crash 6 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 2			Citation # (If Issued) ---			Most Harmful Event 1 23		
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 99 24 24			Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed N		
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 See Above			Operator		
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 # 539VB6 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2010 Veh Make HONDA Veh Config. 1 20		
Operator DIAMOND DARREN R Last First Middle			Owner MOSLEY VALERIE Last First Middle			Address 110 CHUBBUCK ST			Address 130 SUMMER ST		
City QUINCY State MA Zip 02169			City WESTON State MA Zip 02169			Insurance Company COMMERCE			Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E X Responding to Emergency? ---			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) ---			Most Harmful Event 1 23		
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 1 24 24			Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed N		
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			Operator		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

BOSTON COLLEGE

BEACON ST (325)

MV1

MV2

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:**

OPER OF MV1 STATED THAT HE WAS PULLING OUT FROM A BOSTON COLLEGE DRIVEWAY (ON TO BEACON ST) , WHEN MV2 DROVE AROUND ANOTHER STOPPED VEHICLE , CAUSING THEM TO COLLIDE.

OPER OF MV2 STATED THAT HE WAS TRAVELLING WB ON BEACON ST. OPER OF MV2 STATED THAT HE DROVE AROUND A STOPPED VEHICLE (LEFT SIDE) AND ENTERED A LEFT TURN LANE. WHILE DOING SO, MV#1 EMERGED FROM A DRIVEWAY (WB SIDE) AND THE VEHICLES COLLIDED.

MV1 SUSTAINED MINOR FRONT DAMAGE.

MV2 SUSTAINED MODERATE PASSENGER SIDE DAMAGE.

**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

**RICHARD F BENES**      NEWTON POLICE DEPARTM      05/06/2019

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

CDP1 11 -24:00