

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|---|---------------------|--|---|--|--|-----------------------|--|--|
| Date of Crash 05/12/2019 | Time of Crash 10:26 24HR | City/Town NEWTON | Number Vehicles 1 | 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: | | | | |
| SOUTH PARK ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST 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 <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 # Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190000483 | | |
| License # --- St MA DOB/Age --- Sex F Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator BURLESON GILLIAN H Address 71 WATER ST (apt. 2) City QUINCY State MA Zip 02169 Insurance Company ALLSTATE | | | Reg # IC94KE Reg Type PAS Reg State MA Veh Year 2003 Veh Make SUBARU Veh Config. <u>1</u> <u>20</u> Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>20</u> <u>22</u> <u>21</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>21</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>12</u> <u>24</u> <u>24</u> <u>8</u> <u>7</u> <u>6</u> Underride/Override <u>25</u> Towed Y | | | | | | | | |
| Please fill out for operator and all occupants involved | | | Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | |
| Operator | | | See Above | | | | 99 4 4 9 1 | | | | |
| Operator | | | See Above | | | | | | | | |
| Operator | | | See Above | | | | | | | | |
| Operator | | | See Above | | | | | | | | |
| Please Select One of the Following: | | | <input type="checkbox"/> Vehicle # 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 | | | | |
| License # --- St DOB/Age --- Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>24</u> <u>24</u> <u>8</u> <u>7</u> <u>6</u> Underride/Override <u>25</u> Towed _____ | | | | | | | | |
| Please fill out for operator and all occupants involved | | | Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | |
| Operator/Non-Motorist | | | See Above | | | | ----- | | | | |
| Operator/Non-Motorist | | | See Above | | | | | | | | |
| Operator/Non-Motorist | | | See Above | | | | | | | | |
| 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:

Oper # 1 stated she was traveling EB on Washington Street and turned onto Park Street. She lost control while making the turn and struck the curb and a city owned tree.

Pics taken and turned into IT.

Towed by Tody's.

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
| | | | |

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|--|--------------|---------|---------------------------------|
| , CITY OF NEWTON, | 1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS | 617-796-1000 | 3 | TREE |
| | | | | |

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

MICHAEL D BOUDREAU **NEWTON POLICE DEPT** **05/12/2019**

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

CDP1 11 -24:00

