

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/14/2019	Time of Crash 08:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>23Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>33Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 333 NAHANTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000489			
License # --- St MA DOB/Age ---			Reg # 8BL948		Reg Type PAN		Reg State MA			
Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008		Veh Make JEEP		Veh Config. 2 20			
Operator MAYS EMERY			Owner MAYS RANDOLPH							
Address 241 CRESENT ST			Address 241 CRESENT ST							
City WALTHAM State MA Zip 02453			City WALTHAM		State MA Zip 02453					
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 97 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 10 22 22 22 22		9		10 Undercarriage			
Citation # (If Issued) T1272114			Most Harmful Event 10 23		1		5 11 Totaled			
Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 97 24 24		8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		6					
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			-----		99 1 1 0 0 99 2					
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # ---		Reg Type ---		Reg State 20			
Sex --- Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year ---		Veh Make ---		Veh Config. 20			
Operator ---			Owner ---							
Address ---			Address ---							
City --- State --- Zip ---			City ---		State --- Zip ---					
Insurance Company ---			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 23		1		5 11 Totaled			
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed ---		6					
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			-----		---					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

333 Nahanton St

Unit 1

dumpster

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:

Emery Mays states that he took his fathers vehicle Ma. Reg 8BL949, this morning. Emery states that he got lost and ended up in the parking lot at 333 Nahanton St which is only accessible by the Jewish Community Center's access road and Nahanton Street (public way in the City of Newton). Emery then proceeded to do "doughnuts" in the muddled lot. Emery then lost control of the vehicle and struck a parked storage container causing minor damage. Both airbags were deployed. Emery does not have a license and was transported to NWH (as he is a juvenile and a parent could not sign a refusal in a reasonable time period). He attends the Fusion Academy in Newton.

I spoke with Emery's father Randolph Mays. I told Randolph of the accident. Randolph stated that he did not give Emery permission to take his vehicle. Randolph stated that he would meet Emery at NWH. I told Randolph

(Continued on next page)

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CAPITOL TRAILER LEASING,,	69 NORMAN STREET EVERETT, MASSACHUSETTS 02	800-442-8892	97	STORAGE CONTAINER

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

05/14/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

that Emery was going to be charged wit Ch.90 Sec.10 unlicensed operation of a m/v, citation # T1272114 (in the mail due to his being at the hospital). I also advised that he could take out his own charges against Emery for using without authority if he chooses to do so. Todys towed the vehicle. JCC staff were notified of the 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 _____

35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

36

Cargo Body Type Code	37	Gross Vehicle Weight	38
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37

Gross Vehicle Weight	38
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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

42

STEPHEN T COTTENS

NEWTON POLICE DEPARTMENT

05/14/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____