

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/17/2019		Time of Crash 15:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>SOUTH 275 CENTRE ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000502							
License # --- St RI DOB/Age ---						Reg # DE837 Reg Type PC Reg State RI							
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment						Veh Year 2019 Veh Make TOYT Veh Config. 1 20							
Operator NEIL COURTNEY						Owner EAN HOLDINGS LLC							
Address 26 TYNDALL AVE						Address 14002 (apt. 1500) EAST 21ST ST							
City PROVIDENCE State RI Zip 02908						City TULSA State OK Zip 74134							
Insurance Company PROGRESSIVE INS						Vehicle Action Prior to Crash 2 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 3 4							
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						10 Undercarriage 5 11 Totaled							
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													
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 # 736TC7 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment						Veh Year 2012 Veh Make TOYT Veh Config. 1 20							
Operator ESPELIN KATHLEEN						Owner ESPELIN MATTHEW							
Address 145 BRIGHT						Address 145 BRIGHT							
City BELMONT State MA Zip 02478						City BELMONT State MA Zip 02478							
Insurance Company COMMERCE INS						Vehicle Action Prior to Crash 4 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 3 4							
Citation # (If Issued)						Most Harmful Event 1 23							
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 99 24 99 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						10 Undercarriage 5 11 Totaled							
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:

275 Centre Street

Centre Street

P.O.I.

V2

V1

N

NOT TO SCALE

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:

Opr of V1 stated she was stopped in traffic waiting for vehicles to start moving that were ahead at the traffic light. Opr stated when she looked up she saw V2 driving towards her and made contact with her vehicle. Opr of V1 stated she did not see V2 turning and it was too late to stop or move out of the way. Opr of V2 stated she was taking a left hand turn into the parking lot. Opr stated the first lane of traffic let her take the left. As she was completing the turn she made contact with V1 in the second lane of southbound traffic.

There were no injuries. V1 suffered damage to the front left part of her vehicle. V2 suffered damage to the front of her vehicle.

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

DANIEL ANDERSON	32456	NEWTON POLICE DEPART	05/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date