

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/24/2019	Time of Crash 14:43 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:							
SOUTH COTTON ST Route# Direction Name of Roadway/Street At WEST LANCASTER 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									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000530					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GALLAGHER FRANCIS A Address 692 GREAT PLAIN AVE City NEEDHAM State MA Zip 02492 Insurance Company COMMERCE			Reg # 798JV4 Reg Type PAN Reg State MA Veh Year 1990 Veh Make OLDSMOBILE Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled 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		-----		---		1 4 99 0 0 10 1			
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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LEAVITT JULIE Address 35 ROUND WOOD RD City NEWTON State MA Zip 02464 Insurance Company COMMERCE			Reg # 8EZV80 Reg Type PAN Reg State MA Veh Year 2017 Veh Make SUBARU Veh Config. 2 20 Owner SCHWARTZ DAVID C Address 35 ROUNDWOOD RD City NEWTON State MA Zip 02464 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled 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/Non-Motorist			See Above		-----		---		1 4 99 0 0 10 1			

→ 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:

The operator of MV1 (MA Reg: 798JV4) stated he was travelling southbound on Cotton St when he was cut off by MV2 and they collided in the intersection of Cotton St and Clements Rd. MV1 stated that MV2 did not stop at the stop sign at the intersection of Clements Rd and Cotton St.

The operator of MV2 (MA Reg. 8EZV80) stated that she was driving westbound on Clements Rd and did not see the stop sign. MV2 stated that she is unfamiliar with the area. MV2 admitted to going through the stop sign without stopping, and collided to MV1 in the middle of the intersection.

MV1 sustained front end damage. MV2 sustained passenger side damage. All parties involved refused medical attention. The operator of MV2 was issued Mass. Uniform Citation T1272252 for failing to stop at the stop sign.

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

ANDREW SCOTT VELLO **NEWTON POLICE DEPT** **05/24/2019**

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

CDP1 11 24:00