

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/24/2019	Time of Crash 14:14 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:					
WEST AUSTIN ST Route# Direction Name of Roadway/Street At NORTH LOWELL AVE 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 190000532			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BLANCHARD CONNOR T Address 58 HOLLACE ST City WALTHAM State MA Zip 02453 Insurance Company COMMERCE			Reg # 5729LE Reg Type PAN Reg State MA Veh Year 2003 Veh Make NISSAN Veh Config. 2 20 Owner BLANCHARD THOMAS Address 58 HOLLACE ST City WALTHAM State MA Zip 02453 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							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 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 AZ DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CLARKE JAIME Address 19816 N. 49TH DR. City GLENDALE State AZ Zip 85308 Insurance Company COMMERCE			Reg # 8JH626 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 2 20 Owner COTTON MARY Address 216 LOWELL AVE. City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 6 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							
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility							
Operator/Non-Motorist			See Above							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

lowell ave

austin st

Unit 1

Unit 2

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:**

ON 5-24-19 AT APPROX. 1414HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF LOWELL AVE. AND AUSTIN I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N- BOUND ON LOWELL AVE. WHEN VEHICLE #2 ABRUPTLY ENTERED THE TRAFFIC LANE AND HE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #2 STATES HE SAW VEHICLE #1 APPROACHING BUT THOUGHT THAT HE HAD ENOUGH ROOM TO ENTER THE TRAFFIC FLOW. WHILE ENTERING HE WAS HIT BY VEHICLE #1. BOTH DRIVERS REPORTED NO INJURIES. BOTH DRIVERS ADVISED TO CONTACT THEIR INSURANCE COMPANIES. VEHICLE #1 HAD MINOR RIGHT FRONT END DAMAGE. VEHICLE #2 HAD LEFT SIDE DAMAGE. VEHICLE #1 WAS STILL OPERATIONAL. VEHICLE #2 WAS TOWED BY AAA TOWING.

**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

THOMAS P WALSH

NEWTON POLICE DEPT

05/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date