

Police Use Only	Date of Crash 05/21/2019	Time of Crash 12:47 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:			
CENTRE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SARGENT 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 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000534
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License # _____ St MA DOB/Age -- / -- / -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator PARENT TAYLOR Last First Middle Address 275 MEDFORD ST (apt. 415) City CHARLESTOWN State MA Zip 02129 Insurance Company GOVT EMPLOYEE	Reg # 5NZ497 Reg Type PAN Reg State MA Veh Year 2017 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Last First Middle 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 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y
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Please fill out for operator and all occupants involved		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	1	99	0	0	10	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>2</u> #Occupants	<input type="checkbox"/> Non-Motorist A Type	14 Action	15 Location	16 Condition	17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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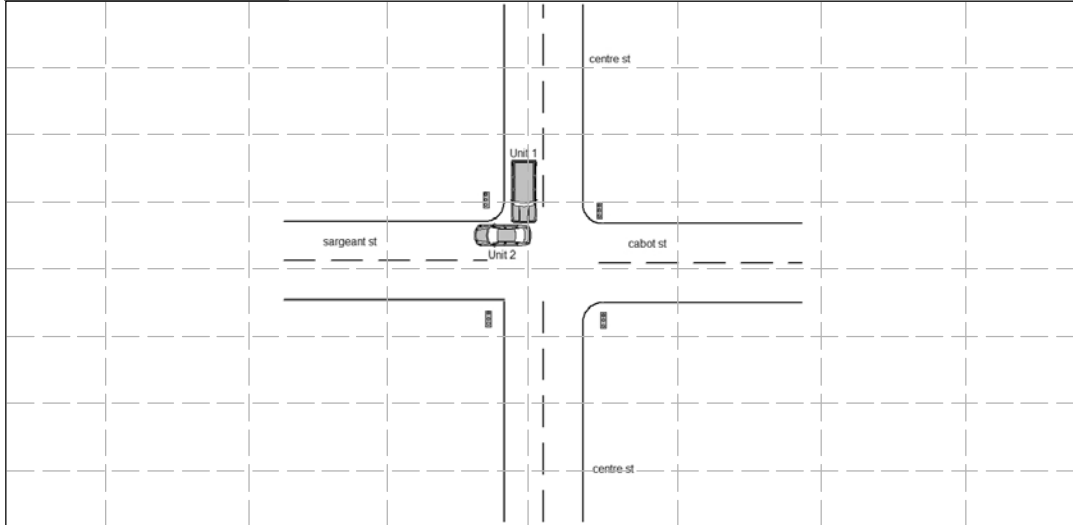
License # _____ St MA DOB/Age -- / -- / -- Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____ Operator KEEFE THOMAS MICHAEL Last First Middle Address 20 PRIOR DR City FRAMINGHAM State MA Zip 01701 Insurance Company STANDARD FIRE	Reg # PS2997 Reg Type PAS Reg State MA Veh Year 2006 Veh Make CADILLAC Veh Config. 1 20 Owner (Same as operator) Last First Middle 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 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y
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Please fill out for operator and all occupants involved		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	
KEEFE, WINIFRED	206 CABOT ST NEWTON, MA 02458	-----	F	3	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:

M/V 1 was traveling north on Centre St at Sargeant St when it collided with M/V 2 which was traveling east on Cabot St toward Sargeant St. M/V 1 made contact in the intersection with M/V 2's rear door just in front of its rear passenger wheel spinning it 180 degrees. Both operators stated that they had a green light.

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