

Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 05/28/2019	Time of Crash 17:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:				
AT INTERSECTION:			<	LOCATION		>	NOT AT INTERSECTION:									
16 WEST WASHINGTON ST											2 9					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								2 10					
At			Feet N S E W of • or Exit Number													
NORTH BELMORE PK			Feet N S E W of Mile Marker Intersecting Roadway/Street								11					
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								2					
Also at Intersection with			Landmark													
Route# Direction Name of Intersecting Roadway/Street																
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000547									
License # --- St MA DOB/Age ---			Reg # 4RT219 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2003 Veh Make BMW Veh Config. 2 20													
Operator LOUIS KEVIN K Last First Middle			Owner LOUIS WILKENS Last First Middle			1 12										
Address 4 WALDEN SQUARE RD (apt. 119)			Address 4 (apt. 119) WALDEN SQUARE													
City CAMBRIDGE State MA Zip 02140			City CAMBRIDGE State MA Zip 02140													
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 5 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			10 Undercarriage										
Citation # (If Issued)			Most Harmful Event 1 23			11 Totaled										
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y													
Please fill out for operator and all occupants involved						1 13										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																
Operator See Above			----- -- 1 1 4 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 ---			Reg # 23XR36 Reg Type PAN Reg State MA													
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2008 Veh Make CHEV Veh Config. 2 20													
Operator WHELAN HOLLY J Last First Middle			Owner (Same as operator) Last First Middle													
Address 15 CRESCENT AVE			Address													
City NORWOOD State MA Zip 02062			City State Zip													
Insurance Company ARBELLA			Vehicle Action Prior to Crash 2 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			10 Undercarriage										
Citation # (If Issued)			Most Harmful Event 1 23			11 Totaled										
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N													
Please fill out for operator and all occupants involved						1 13										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																
Operator/Non-Motorist See Above			----- -- 1 5 99 0 0 10 1													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian

ie: → 1    → 2    → ○

**Crash Diagram:**

WASHINGTON ST

BELMORE PK

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:**

I responded to the area of Washington St@Belmore PK. at 1710hrs. 05/28/2019 for a two car MVA. I arrived on location and identified both operators. V1 operator; Louis, Kevin K. MA OLN #S43050796 operating MA Reg. 4RT219; 2003 BMW/X5 color black. V2 Operator; Whalen, Holly J. MA OLN#S25300910 operating MA Reg. 23XR36; 2008 Chev/Suburb color blue.

Both vehicles were traveling westbound on Washington St. V2 slowed/stopped for a line of traffic in front of her. V1, as stated by the operator, was changing lanes when V2 came to a stop and collided into the rear of V2. Neither operator was injured as a result of the collision. V1 did have airbag deployment. V1 operator declined EMS.

V1 required towing service. Tody's responded to provide service. V1 sustained front end damage. V2

(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

**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

→ 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:

sustained minor damage to the rear bumper/body. V2 did not require towing service.

### 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

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