

Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 06/04/2019	Time of Crash 16:00 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At				NORTH 490 LOWELL AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of 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 1900000576									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator LEVIN KENNETH Address 15 WALDEN ST City NEWTON State MA Zip 02460 Insurance Company LIBERTY MUTUAL Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 8YK589 Reg Type PAN Reg State MA Veh Year 2019 Veh Make ACURA Veh Config. 2 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 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 21 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled											
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Medical Facility											
Operator See Above				1 3 4 0 0 8 1											
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Address City State Zip Insurance Company GEICO Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 9KG293 Reg Type PAN Reg State MA Veh Year 2019 Veh Make VOLKSWAGON Veh Config. 2 20 Owner ROBERTS AMY Address 490 LOWELL AVE City NEWTONVILLE State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled											
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Medical Facility											
Operator/Non-Motorist See Above				1 3 4 0 0 8 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

		If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
		Indicate North by Arrow

Crash Narrative:

Operator of MV1 states he was traveling northbound on Lowell Ave when he hit MV2 in front of 490 Lowell Ave. Operator of MV1 states he was coming from work and only got 2 hours of sleep last night and must have "dozed off" and hit MV2. Operator of MV1 had minor facial and hand injuries, but signed a patient refusal with the medics. MV1 sustained air bag deployment, heavy front end damage and was towed by Tody's. Operator of MV2 was home during the crash and was made aware of the damage to her vehicle. MV2 sustained heavy rear end damage and towed by Tody's.

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 Issuing Authority Code 35
Carrier Name _____		
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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

06/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date