

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/06/2019	Time of Crash 07:49 24HR	City/Town NEWTON	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:				
Route# Direction Name of Roadway/Street At			EAST 400 CENTRE AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000582		
License # --- St MA DOB/Age ---			Reg # 984LCO Reg Type PAN Reg State MA			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator NORRIS ROBERT			Owner (Same as operator)					
Address 52 WILDWOOD DR			City WESTWOOD State MA Zip 02090			City State Zip					
Insurance Company SAFETY			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23					
Citation # (If Issued)			Driver Contributing Code 4 24 24			Underride/Override 25 Towed N					
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Diagram: 10 Undercarriage 5 11 Totaled					
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			Operator					
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 # 356BZ1 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make HYUNDAI Veh Config. 2 20								
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Operator CAMARGO SHIRLEY B			Owner (Same as operator)					
Address 296 WESTON ST			City WALTHAM State MA Zip 02453			City State Zip					
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23					
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N					
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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			Operator/Non-Motorist					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

#400 CENTRE ST

CENTRE AVE

Unit 2

Unit 1

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:**

OPERATOR#1 STATED HE WAS GOING E/B ON CENTRE AVE AND WAS CHANGING LANES WHEN HIS VEHICLES DRIVERS SIDE MIRROR STRUCK VEHICLE #2 AS HE ENTERED THE LANE VEHICLE #2 WAS IN.

OPERATOR#1 FURTHER STATED HE LOOKED PRIOR TO CHANGING LANES AND NEVER SAW VEHICLE #2 COMING.

OPERATOR #2 STATED SHE WAS GOING E/B ON CENTRE AVE HEADING TOWARDS THE MASS PIKE EAST WHEN VEHICLE #1 ENTERED HER LANE STRIKING HER VEHICLE.

**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 J MCCARTHY

NEWTON POLICE DEPT

06/06/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date