

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/07/2019		Time of Crash 11:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9	
EAST CHURCH STREET Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number								2	
SOUTH CENTRE STREET Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Landmark								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000590								4	
License # --- St RI DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SAM RAHSAAN R Address 336 ADELAIDE AVE City PROVIDENCE State RI Zip 02907 Insurance Company ARCH INS				Reg # 63529 Reg Type CON Reg State RI Veh Year 2005 Veh Make FORD Veh Config. 6 20 Owner APPROVED STORAC Address 65 INDUSTRIAL CIR City LINCOLN State RI Zip 02865 Vehicle Action Prior to Crash 2 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 N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility								13	
Operator See Above				1 4 4 0 0 10 1								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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ROSEN BARBARA F Address 131 COOLIDGE AVE (apt. 618) City WATERTOWN State MA Zip 02472 Insurance Company PROGRSSIVE				Reg # 4DE566 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20 Owner TOYOTA LEASE TRU Address PO BX 105386 City ATLANTA State GA Zip 30348 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 97 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility									
Operator/Non-Motorist See Above				1 4 4 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:**

On 06/07/2019, while assigned to N494, I, Officer Conary, responded to Centre at Church for a MVA. Upon arrival, I met with the operator of MV1 who stated that he was stopped at the red light headed Southbound of Centre Street when he was hit by MV2 on the left side.

Operator of MV2 explained to me that she was traveling Southbound on Centre Street and was about to turn left onto Church Street from the left turn only lane. Operator of MV2 stated that she saw another car coming toward her going Northbound Centre Street was too close to her lane a travel. This caused MV2 to move into MV1 lane and hit MV1.

MV1 had minor damage to the tail gate. MV2 had damage to the entire right side. Both vehicles were able to be driven from the scene. Both operators were offered and declined medical attention. No further incident to

(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 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

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

KRISTINA CONARY			NEWTON POLICE DEPARTM		06/07/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					