

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/13/2019		Time of Crash 00:12 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 141 BROOKLINE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													2	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000611						
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company MMG				Reg # 3266403 Reg Type PAN Reg State NH Veh Year 2016 Veh Make NISS Veh Config. 2 20 Owner FLYNN CHRISTOPHER Address 30 LANTERN LN City AUBURN State NH Zip 03032 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled								12		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
Please fill out for operator and all occupants involved												13		
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												2		
Operator See Above														
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 M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator RATNARAJ JOYSON Address 15 HANCOCK RD City NEEDHAM State MA Zip 02492 Insurance Company SAFETY INSURANCE				Reg # 513WA3 Reg Type PAN Reg State MA Veh Year 2014 Veh Make BMW Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 12 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled										
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
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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														

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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:**

At approximately 0010HRS on Thursday, June 13, 2019, I was dispatched to 141 Dedham St. for a report of a two car crash. Upon arrival, I observed MV1 (NH Pass:3266403) to be parked on the side of the roadway in front of the aforementioned address and it appeared to have been rear ended by MV2 (MA Pass: 513WA3). Being that MV2's airbags were deployed, I requested Newton Fire to evaluate the operator of MV2, who was ultimately medically cleared and signed a patient refusal. Upon speaking to the operator of MV2, he stated that he was traveling Northbound on Dedham St. and feared that he was coming too close to the solid yellow divider lines and over steered to the right, accidentally hitting MV1, which was parked. The owner of MV1 was on scene and stated that he was inside and came out to find the crash. I noted damage to the driver's side quarter panel of MV1 and damage to the front end/hood area of MV2. Todays serviced arrived and took custody of

(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

CHRISTOPHER G HOWES	38804	NEWTON POLICE DEPART	06/13/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

