

Police Use Only

Date of Crash
06/15/2019

Time of Crash
10:50

24HR

City/Town
NEWTON

Commonwealth of Massachusetts

Motor Vehicle Crash
Police Report

Number Vehicles
2

Number Injured
0

Speed Limit 30
Latitude _____
Longitude _____

RMV Document Number
State Police ☐
Local Police ☒
MBTA Police ☐
Other: ☐

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

EAST

HIGHLAND AVE

Route# _____ Direction _____ Name of Roadway/Street _____

At _____

NORTH

LOWELL AVE

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Also at Intersection with _____

Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____

_____ Feet

N S E W

 of _____ • _____ or _____

Mile Marker _____ Exit Number _____

_____ Feet

N S E W

 of _____

Route# _____ Intersecting Roadway/Street _____

_____ Feet

N S E W

 of _____

Landmark _____

☒ Vehicle 1 1 #Occupants

☐ Hit/Run

☐ Moped

Case Number 1900000616

License # _____ St MA DOB/Age _____

Reg # 98DZ74 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____

Veh Year 2018 Veh Make MAZDA Veh Config. 2 20

Operator LEE PATRICIA

Owner (Same as operator)

Address 104 AUSTIN ST

City _____ State MA Zip 02460

Insurance Company HANOVER

Vehicle Travel Direction:

N S ☒ W

 Responding to Emergency? _____

Citation # (If Issued) _____

Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____

Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____

Event Sequence

1 22 22 22 22

Most Harmful Event

1 23

Driver Contributing Code

99 24 24

Underride/Override

25

 Towed Y

Damaged Area Code: (Circle Up to Three)

10 Undercarriage

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

1

4

4

0

0

10

1

Please Select One of the Following:

☒ Vehicle 2 1 #Occupants

☐ Non-Motorist A Type

14

15

16

17

☐ Hit/Run

☐ Moped

License # _____ St MA DOB/Age _____

Reg # 2WT386 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____

Veh Year 2012 Veh Make AUDI Veh Config. 1 20

Operator THERIAULT PAMELA J

Owner (Same as operator)

Address _____

City _____ State MA Zip 02472

Insurance Company LIBERTY

Vehicle Travel Direction:

☒ 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 _____

Event Sequence

1 22 22 22 22

Most Harmful Event

1 23

Driver Contributing Code

99 24 24

Underride/Override

25

 Towed Y

Damaged Area Code: (Circle Up to Three)

10 Undercarriage

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/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:

Pamela Theriault was operating vehicle #2 N/B on Lowell Ave. Pamela states that vehicle #1 went through the stop sign at the intersection of Highland Ave. and Lowell Ave and pulled out in front of her.

Patricia Lee was operating vehicle #1 E/B on Highland Ave. Patricia states that a landscaping truck was going S/B on Lowell Ave and motioned for her to go through the intersection. Patricia states that vehicle #2 then struck her. No injuries, no tows.

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