

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/23/2019	Time of Crash 09:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 5	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:	
CENTRE AVE				
Route# _____	Direction _____	Name of Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____	
At				
CENTRE ST				
Route# _____	Direction _____	Name of Intersecting Roadway/Street _____	_____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____	
Also at Intersection with				
Route# _____		Direction _____	Name of Intersecting Roadway/Street _____	
Route# _____		Direction _____	Name of Intersecting Roadway/Street _____	
				Landmark _____

<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000643
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License # _____ St MA DOB/Age _____	Reg # 45A550 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2007 Veh Make JEEP Veh Config. 2 20
Operator GATES ROBERT RYAN	Owner (Same as operator)
Address 75 WABAN PARK	Address _____
City NEWTON State MA Zip 02458	City _____ State _____ Zip _____
Insurance Company USAA CASUALTY	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 1 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)

10 Undercarriage 5 11 Totaled

Please fill out for operator and all occupants involved		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	99	99	0	0	9	1	
GATES, JENNIFER	75 WABAN PARK NEWTON, MA 02458	-----	F	3	1	99	99	0	0	9	1	
GATES, GIANNA	75 WABAN PARK NEWTON, MA 02458	-----	F	99	4	99	99	0	0	9	1	

Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 2 #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 # 357AY5 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____	Veh Year 2005 Veh Make JEEP Veh Config. 2 20								
Operator ROSSBACH MARYJANE L	Owner (Same as operator)								
Address 288 STICKNEY ROAD	Address _____								
City FITCHBURG State MA Zip 01420	City _____ State _____ Zip _____								
Insurance Company COMMERCE	Vehicle Action Prior to Crash 5 21								
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____	Event Sequence 1 22 22 22 22 2								
Citation # (If Issued) _____	Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 9 24 24								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N								

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10 Undercarriage 5 11 Totaled

Please fill out for operator and all occupants involved		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	99	0	0	9	1	
FISCHER, EARLENE, A	229 LAKE ROAD ASHBURNHAM, MA 01430	-----	F	3	1	4	99	0	0	9	1	

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

Crash Diagram:

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

Crash Narrative:

OPERATOR #1 REPORTS THAT HE WAS GOING E/B ON CENTRE AVE BY CENTRE ST WHEN VEHICLE #2 ENTERED HIS LANE STRIKING HIS VEHICLE CAUSING HIM TO LOSE CONTROL OF HIS VEHICLE AND FORCING HIS VEHICLE OFF THE ROAD INTO A CHAIN LINK FENCE THAT RUN EAST TO WEST ALONG THE MASS PIKE.

OPERATOR #2 STATED SHE WAS GOING E/B ON CENTRE AVE AND AS SHE WAS CHANGING LANES SHE COLLIDED WITH VEHICLE #1. THE IMPACT FORCED VEHICLE #1 OFF THE ROAD INTO A FENCE. OPERATOR #2 FURTHER STATED SHE LOOKED PRIOR TO CHANGING LANES AND NEVER SAW VEHICLE #1.

PICTURES OF THE DAMAGED FENCE WERE TAKEN BY OFFICER MICHAEL BOUDREAU. UNKNOWN IF THE FENCE BELONGS TO THE CITY OR STATE.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
			99	CHAIN LINK FENCE

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