Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
06/24/2019	16:36 24HR	NEWTON

Number Vehicles	Number Injured	
2	0	Speed Limit **25**

Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other:

LOCATION

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1

EAST — BEACON ST
Route# — Direction — Name of Roadway/Street

At

SOUTH — CHESTNUT ST
Route# — Direction — Name of Intersecting Roadway/Street

Also at Intersection with

2 1

Route# — Direction — Name of Intersecting Roadway/Street

2 9

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

2 10

____ 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

3 11

Landmark

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3 — ☒ Vehicle 1 _1_ #Occupants — ☐ Hit/Run — ☐ Moped — Case Number — 1900000648

4 3

License # --- St **MA** DOB/Age -- -- ----
Sex **M** Lic. Class [D] **18** [ ] **18** Lic. Restrictions [1] **19** CDL ___ Endorsment
Operator **JAMESON** — **DAVID** — **P**
Last — First — Middle
Address **1 ALLEN RD (apt. 4)**
City **BRIGHTON** State **MA** Zip **02135**
Insurance Company **PROGRESSIVE**

5 1

Vehicle Travel Direction: N S ☒ W (X over direction)
Responding to Emergency? ___
Citation # (If Issued) _____

6 1

Violation 1: Ch___ Sec___ Violation 2: Ch___ Sec___
Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___

Reg # **8LE775** Reg Type **PAN** Reg State **MA**
Veh Year **2004** Veh Make **DODGE** Veh Config. [2] **20**
Owner **NEESON** — **VICTORIA**
Last — First — Middle
Address **1241 WASHINGTON ST**
City **HOLLISTON** State **MA** Zip **01746**

Vehicle Action Prior to Crash [1] **21**
Event Sequence [1] **22** [ ] **22** [ ] **22** [ ] **22**
Most Harmful Event [1] **23**
Driver Contributing Code [1] **24** [ ] **24**
Underride/Override [ ] **25** Towed **Y**

Damaged Area Code: (Circle Up to Three)
② 3 4
① ← 9 5 10 Undercarriage 11 Totaled
③ 7 6

1 12

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		

1 13

---

7 2

Please Select One of the Following: ☒ Vehicle 2 _1_ #Occupants — ☐ Non-Motorist A — Type [ ] **14** Action [ ] **15** Location [ ] **16** Condition [ ] **17** — ☒ Hit/Run ☐ Moped

8 2

License # --- St **MA** DOB/Age -- -- ----
Sex **M** Lic. Class [D] **18** [M] **18** Lic. Restrictions [1] **19** CDL ___ Endorsment
Operator **ROWE** — **ERIC**
Last — First — Middle
Address **96 MAPLE ST**
City **NORTON** State **MA** Zip **02766**
Insurance Company **GEICO**

Vehicle Travel Direction: N ☒ E W
Responding to Emergency? ___
Citation # (If Issued) **T1271407**

Violation 1: Ch **90/24/G** Sec___ Violation 2: Ch___ Sec___
Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___

Reg # **L92280** Reg Type **CON** Reg State **MA**
Veh Year **1996** Veh Make **FORD** Veh Config. [2] **20**
Owner **(Same as operator)**
Last — First — Middle
Address ___
City ___ State ___ Zip ___

Vehicle Action Prior to Crash [4] **21**
Event Sequence [1] **22** [ ] **22** [ ] **22** [ ] **22**
Most Harmful Event [1] **23**
Driver Contributing Code [4] **24** [ ] **24**
Underride/Override [ ] **25** Towed **N**

Damaged Area Code: (Circle Up to Three)
2 3 4
1 ← 9 5 10 Undercarriage 11 Totaled
8 7 6

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		

Crash Diagram:

Direction → | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

ie: → 1 → 2 → (pedestrian)

NOT TO SCALE

MV#1

MV#2

Chestnut Street

Beacon Street

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:

The OP. of MV#1 states he was travelling eastbound on Beacon Street. As he was entering the intersection of Chestnut Street, MV#2 on the oncoming lane suddenly made a left turn in front of his path causing a collision. He pulled over and couldn't find MV#2 anywhere around. He describes MV#2 as a black pick-up truck. The OP. of MV#1 is a dog walker and there were 6 dogs inside the vehicle during the accident. He states the dogs appear fine and the collision wasn't a large impact.

Witness #1 states he was the first car stopped on Chestnut Street waiting for the traffic light to turn green. He witnessed MV#2 cut in front of MV#1 and cause a collision. MV#2 then continued driving down Chestnut Street southbound and didn't stop. When they were all stopped at a traffic light for Chestnut Street and Woodward Rd., Witness#1 took down the plate of MV#2 as L92280 and described it as a black pick-up truck

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WALSH , GERARD,	12 PLEASANT ST MEDFIELD,MA 02052	------	Y

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]

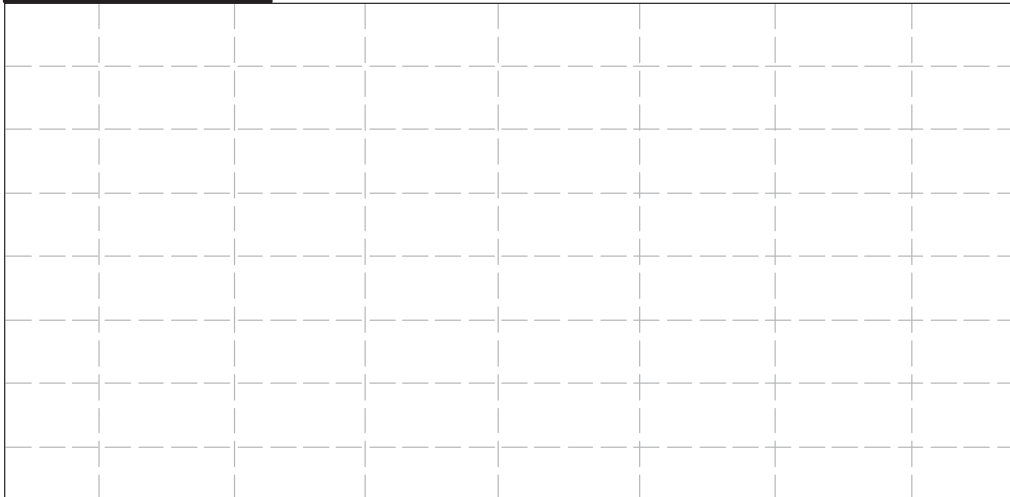Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

RAYMOND H CHIEU — NEWTON POLICE DEPARTM — 06/24/2019

| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

CDP1 11 ·24·00

Crash Diagram:

Direction →   1 = Vehicle 1   2 = Vehicle 2   👤 Pedestrian

ie: → [1]   → [2]   → 👤

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:

with possible MA commercial plates. He describes that it has a spare tire on the bed of the truck leaning against the back window. MV#2 then accelerated away when the light turned green and turned into a unknown side street.

The owner of the plate given is for Eric P. Rowe out of Norton, MA. His vehicle model does match the description of a black pick-up truck. I gave Norton P.D. a call at approx. 1800 hrs. A short while later, they called back and said the pick-up wasn't home but gave me a cell phone number. I was able to speak with Eric Rowe and he stated he was the OP. of MV#2. He stated he was on Beacon Street westbound making a left towards Chestnut Street southbound. There was a car making a turn in front of him and he saw MV#1 slow down, which is why he made the turn. A minor collision happened so he stopped to look at this truck and saw no

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Witnesses:

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

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Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

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RAYMOND H CHIEU   NEWTON POLICE DEPARTM   **06/24/2019**

Police Officer Name (Please Print)   Signature   ID/Badge #   Department   Precinct/Barracks   Date

CDP1 11 ·24·00

Crash Diagram:

Direction ➡ | 1 = Vehicle 1 | 2 = Vehicle 2 | ⚲ Pedestrian

ie: ➡ 1   ➡ 2   ➡ ⚲

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:

damage. He didn't see MV#1 stopped anywhere so he drove away thinking there was no need to exchange paperwork

for no damage to his truck. The OP. of MV#2 was advised of the proper procedure and that he will be getting

a citation in the mail.

An incident report was also generated.

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]

RAYMOND H CHIEU   NEWTON POLICE DEPARTMENT   **06/24/2019**

Police Officer Name (Please Print)   Signature   ID/Badge #   Department   Precinct/Barracks   Date

CDP1 11 ·24·00