

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/28/2019	Time of Crash 09:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:					
EAST FRANKLIN ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH WAVERLEY 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 _____							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000667							
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>MURPHY KARYN</u> Address <u>32 ATKINS ST (apt. 2)</u> City <u>BRIGHTON</u> State <u>MA</u> Zip <u>02135</u> Insurance Company <u>PLYMOUTH ROCK</u>			Reg # <u>5NL267</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 1 4 4 0 0 10 1							
OBRIEN, KERRYANN 3938 PEPPER RIDGE CT WOODBRIDGE, VA 22192			--- --- F 3 1 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1							
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>BARYAM YANEER</u> Address <u>101 CLAREMONT ST</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u> Insurance Company <u>AMICA MUTUAL</u>			Reg # <u>7WRY20</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2007</u> Veh Make <u>HONDA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>6</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 → Pedestrian

Crash Diagram:

Waverly Ave.

Franklin St.

V1

V2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Vehicle #1 was traveling South on Waverly Ave. Vehicle # 2 was attempting to enter the Southbound lane of travel on Waverly Ave from Franklin St. Vehicle #2 pulled out into the lane that Vehicle #1 was already established in. Vehicle #1 had no time to stop and struck Vehicle #2 on the drivers side front wheel well. Both vehicles sustained damage. Vehicle #1 had major front end damage and Vehicle #2's tire was bent in. Vehicle #2 was towed from scene by Todys. No injuries reported on scene. Vehicle #2 operator was cited citation # T034419 89-9 failure to use care when entering intersection.

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

PETER M KOERBER NEWTON POLICE DEPT 06/28/2019

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

CDP1 11 -24:00