

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/09/2019		Time of Crash 08:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9		
CABOT ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
CENTRE ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000701								
License # --- St MA DOB/Age ---				Reg # RWH529		Reg Type PAS		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2013		Veh Make TOYOTA		Veh Config. 1 20						
Operator WEISS HOWARD				Owner (Same as operator)									12	
Address 23 CONVERSE AVE				Address _____										
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____										
Insurance Company CITIZENS INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 8 24 24		8 7 6		5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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					1	
Operator See Above				-----		1 4 99 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 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St CT DOB/Age ---				Reg # 49135A		Reg Type APPORTION		Reg State CT						
Sex M Lic. Class B 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2004		Veh Make PTRB		Veh Config. 7 20						
Operator CAHILL ALLAN				Owner NORTHEAST PRODUCE										
Address 21 ROYAL DRIVE				Address _____										
City BRISTOL State CT Zip 06010				City PLAINVILLE State CT Zip _____										
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage						
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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 99 0 0 10 1								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

CABOT STREET

CENTRE STREET

Unit 2

Unit 1

P.O.I.

NOT TO SCALE

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 operator of MV1 (ma reg RWH529) was traveling Southbound on Centre St when he observed a disabled truck in the middle of the street. The truck was stopped in the middle of the road at the intersection of Cabot St. Operator of MV1 stated he attempted to go around the truck entering the NB lane but had to quickly cut back into his lane because of oncoming traffic. Operator of MV1 caught the corner of the metal foot bar of the traffic ripping his whole left passenger side open.

Operator of MV2 (CT apportioned 49135A) stated while driving his vehicle SB on Centre St on his way to Needham he could feel the truck start to have issues. Operator of MV2 stated while stopped at the light at Centre and Cabot he heard a piece from his truck break off. The break became disabled at this time and could not be moved. Operator of MV2 called the police to report the issue, before we arrived Operator of MV1 had

(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 # 49135A (From Vehicle Section)

Carrier Name RUFF TRUCK INC Carrier Issuing Authority Code 35

Address 10 ROBERT JACKSON WAY City PLANVILLE St CT Zip 06062

US DOT #: 659228 State Number \_\_\_\_\_ Issuing State CONN 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

**MARK D HAGOPIAN**      NEWTON POLICE DEPT      07/09/2019

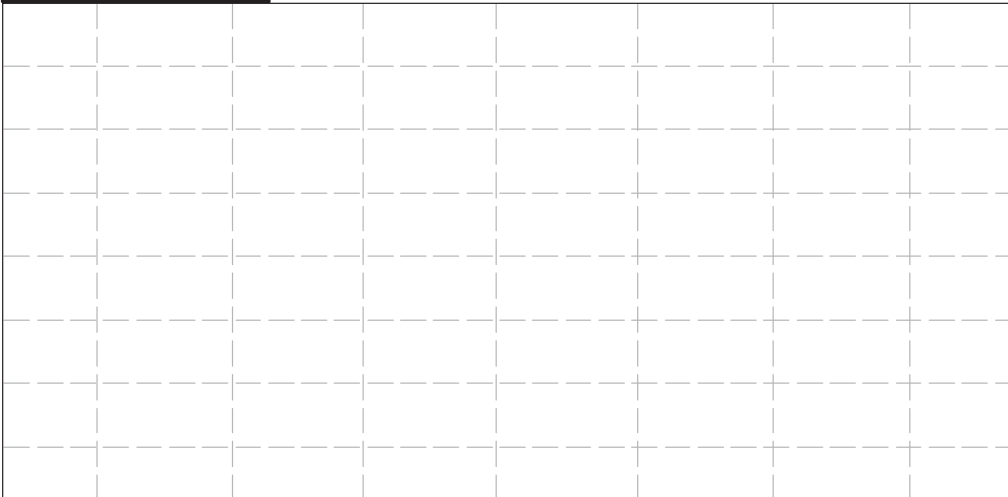
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

caught the edge of the metal foot hold.

Both vehicles were towed by Tody's. Neither driver reported any injuries at this time. There was no visual damage to MV2. MV1 sustained heavy body damage all along the passenger side.

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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

MARK D HAGOPIAN

NEWTON POLICE DEPART

07/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date