

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																			
Date of Crash 07/11/2019		Time of Crash 15:16 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														
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 304 LOWELL AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2														
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000713																		
License # _____ St MA DOB/Age _____				Reg # 3CG615				Reg Type PAN		Reg State MA																
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015				Veh Make HONDA		Veh Config. 2 20																
Operator WORDELL KARA Last First Middle				Owner (Same as operator) Last First Middle									12													
Address 334 WOLCOTT ST				Address _____																						
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____																						
Insurance Company LIBERT MUTUAL				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)																		
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				10 Undercarriage																		
Citation # (If Issued) _____				Most Harmful Event 1 23				11 Totaled																		
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																						
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										
Operator				See Above		-----	---	---	1	4	4	0	0	99	2	NEWTON WELLESLEY										
WORDELL, GORDON				334 WOLCOTT ST NEWTON, MA 02465		-----	M	3	1	4	4	0	0	99	2	NEWTON WELLESLEY										
WORDELL, JOCELYN				334 WOLCOTT ST NEWTON, MA 02465		-----	F	6	1	4	4	0	0	99	2	NEWTON WELLESLEY										
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 MA DOB/Age _____				Reg # S97251				Reg Type CON		Reg State MA																
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2003				Veh Make HONDA		Veh Config. 2 20																
Operator PIRES JOAO Last First Middle				Owner MR.GRILL LLC Last First Middle																						
Address 8 GENE ST				Address 18 BENNETT RD.																						
City BOSTON State MA Zip 02125				City WATERTOWN State MA Zip 02472																						
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																		
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				10 Undercarriage																		
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Please fill out for operator and all occupants involved												13														
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Operator/Non-Motorist				See Above		-----	---	---	1	4	4	0	0	10	1											

Crash Narrative:

Witnesses:

Property Damage:

Truck and Bus Information:

THOMAS P WALSH

NEWTON POLICE DEPARTMENT

07/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____