

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 07/19/2019	Time of Crash 11:19 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	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:							
NORTH DUNSTAN ST Route# Direction Name of Roadway/Street At 16 EAST WATERTOWN ST 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 _____ 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 190000742					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CAIRA BENEDETTO C Address 264 PEARL ST City NEWTON State MA Zip 02458 Insurance Company COMMERCE			Reg # 7CV491 Reg Type PAN Reg State MA Veh Year 2017 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
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 NONE									
CAIRA, MICHAEL, L 41 MAYNARD ST NEWTON, MA 02465 --- M 3 1 4 4 0 0 10 1 NONE												
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL GEICO Operator TARDIF MATTHEW Address 69 EDWARD RD. City WATERTOWN State MA Zip 02472 Insurance Company GEICO			Reg # 8TFT40 Reg Type PAN Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 2 20 Owner TARDIF DANIEL A Address 69 EDWARD RD City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
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 NONE									
LEBLANC, MATTHEW 33 BRADSHAW ST. WATERTOWN, MA 02472 --- M 3 1 4 4 0 0 10 1 NONE												



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

○

*NOT TO SCALE*

**Crash Narrative:**

ON 7-19-19 AT APPROX. 1119HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF DUNSTAN AND WATERTOWN I SPOKE TO THE OPERATOR OF VEHICLE #1 DRIVER STATES HE WAS TRAVELING E-BOUND ON WATERTOWN APPROACHING DUNSTAN WHEN VEHICLE #2 CUT IN FRONT OF HIM AND HE WAS UNABLE TO AVOID HITTING VEHICLE #2. VEHICLE #2 DRIVER STATES HE WAS TRAVELING W-BOUND ON WATERTOWN APPROACHING DUNSTAN. HE TURNED LEFT ONTO DUNSTAN WHEN HE WAS HIT IN THE RIGHT SIDE BY VEHICLE #1 PUSHING HIS VEHICLE INTO VEHICLE #3. VEHICLE #3 DRIVER STATES HE WAS STOPPED AT THE STOP SIGN AT DUNSTAN AND WATERTOWN PREPARING TO TURN RIGHT ONTO WATERTOWN. HE SAW VEHICLE #2 TURN LEFT ONTO DUNSTAN AND WAS HIT IN THE LEFT SIDE OF HIS VEHICLE WHEN VEHICLE #1 PUSHED VEHICLE #2 INTO HIS VEHICLE. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS .VEHICLE #2 HAD LEFT REAR SIDE DAMAGE AND A FLAT REAR RIGHT TIRE. VEHICLE #2 ALSO HAD LEFT SIDE DAMAGE

(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 # \_\_\_\_\_ (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

THOMAS P WALSH

NEWTON POLICE DEPT

07/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

