Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other:
07/23/2019	17:24 24HR	NEWTON	2	0	25			☐	☒	☐	

LOCATION

AT INTERSECTION:

1 1 — Route# ____ Direction ____ Name of Roadway/Street ____

At

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Also at Intersection with

2 1 — Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

NOT AT INTERSECTION:

9 2 — Route# ____ Direction NORTH Address # 444 Name of Roadway/Street LOWELL AVE

10 2 — ____ Feet N S E W of ___ ___ ___ • ___ Mile Marker or ____ Exit Number

____ Feet N S E W of Route# ____ Intersecting Roadway/Street

11 5 — ____ Feet N S E W of Landmark

3 1 — ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 1900000756

4 1 — 12 1

License # --- St NH DOB/Age -- -- ----

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ____ Endorsment

Operator RAMSDELL (Last) DYLAN (First) ____ (Middle)

Address 444 LOWELL AVENUE

City NEWTON State MA Zip 02460

Insurance Company STATE FARM

Reg # 4120041 Reg Type PAN Reg State NH

Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 20

Owner (Same as operator) (Last) (First) (Middle)

Address ____

City ____ State ____ Zip ____

Vehicle Action Prior to Crash 6 21

Damaged Area Code: (Circle Up to Three)

5 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? ____

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 4 24 24

Underride/Override 25 Towed Y

10 Undercarriage
11 Totaled

6 1 — Citation # (If Issued) ____

Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____

Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____

13 1 — 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	1	99	0	0	10	1	NONE

7 1 — 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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ____ Endorsment

Operator WONG (Last) JOCELYN (First) E (Middle)

Address 280 LEXINGTON ST

City NEWTON State MA Zip 02466

Insurance Company BANKERS STANDARD

Reg # 3AP243 Reg Type PAN Reg State MA

Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20

Owner WONG (Last) JASON (First) ____ (Middle)

Address 280 LEXINGTON ST

City NEWTON State MA Zip 02466

Vehicle Action Prior to Crash 1 21

Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: ☒ S E W Responding to Emergency? ____

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 99 24 24

Underride/Override 25 Towed Y

10 Undercarriage
11 Totaled

Citation # (If Issued) ____

Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____

Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____

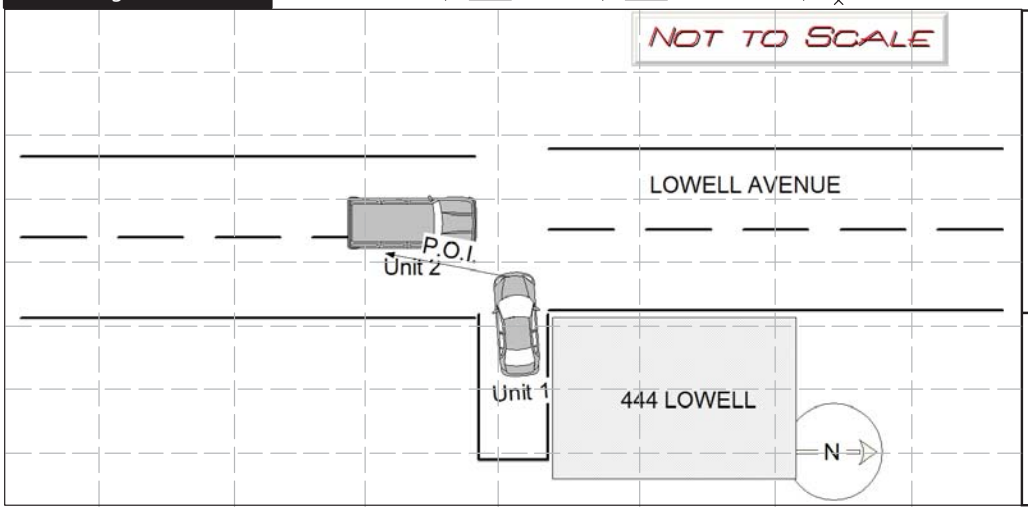
Please fill out for operator and all occupants involved

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	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

Crash Narrative:

On Tuesday, July 23rd 2019, at approximately 5:24pm, I, Officer Brooks, responded to 444 Lowell avenue for a 2 car MVA. Upon my arrival I observed MV1(NH REG 4120041) with heavy front end damage. The vehicle was located in the driveway of 444 Lowell avenue, with the front end sticking out into the roadway. I spoke with the operator of MV1 who stated he was trying to exit the driveway and turn left onto Lowell avenue southbound, when he was struck by MV2(MA REG 3AP243) which had been traveling northbound on Lowell avenue. According to the operator of MV1, MV2 had been traveling at a high rate of speed and tried to swerve around him. There was airbag deployment in MV1 however the operator signed a patient refusal with Cataldo. MV1 was towed by Tody's.

I then spoke with the operator of MV2 who stated she was traveling northbound on Lowell avenue and saw MV1

(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 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

JOSEPH J BROOKS		38339	NEWTON POLICE DEPARTM		07/23/2019
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 →

If Crash Did Not Occur on a Public Way:

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Indicate North by Arrow

Crash Narrative:

exiting the driveway. She assumed he was going to stop pulling out of the driveway, and when he did not she stated she attempted to swerve around him. MV1 made contact with the passenger side rear wheel well of MV2 causing MV2 to spin out. The operator was not injured and arranged for a private tow due to the damage in the wheel well area.

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Carrier Name _____ Carrier Issuing Authority Code [35]

Address_____ City_____ St_____ Zip_____

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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]

JOSEPH J BROOKS		38339	NEWTON POLICE DEPARTM		07/23/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date