

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 07/24/2019		Time of Crash 18:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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												
EAST COMMONWEALTH AVE												2												
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10												
At				Feet N S E W of _____ or _____																				
WEST WASHINGTON ST																								
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number																				
Also at Intersection with				Feet N S E W of _____								11												
				Route# Intersecting Roadway/Street								4												
Route# Direction Name of Intersecting Roadway/Street				Landmark																				
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000761																
License # --- St MA DOB/Age ---				Reg # 1HX629				Reg Type PAN		Reg State MA														
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014				Veh Make MAZD		Veh Config. 1 20														
Operator MORGAN PAUL				Owner (Same as operator)								12												
Address 54 FULLER ST				Address _____																				
City WABAN State MA Zip 02468				City _____ State _____ Zip _____																				
Insurance Company METROPOLITAN PROP				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)																
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22				2 3 4																
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled																
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 99 24																				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N																				
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		-----		---	---	99	4	99	0	0	10	1								
MORGAN, THOMAS				54 FULLER ST WABAN, MA 02468		-----		M	6	4	4	99	0	0	10	1								
MORGAN, KAYLA				54 FULLER ST WABAN, MA 02468		-----		F	4	4	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 MA DOB/Age ---				Reg # 6NE144				Reg Type PAN		Reg State MA														
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014				Veh Make JEEP		Veh Config. 1 20														
Operator FOLEY JOHANNA				Owner (Same as operator)																				
Address 91 BOURNE ST				Address _____																				
City BOSTON State MA Zip 02130				City _____ State _____ Zip _____																				
Insurance Company SAFETY INS.				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)																
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22				2 3 4																
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled																
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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/Non-Motorist				See Above		-----		---	---	99	4	99	0	0	10	1								

→ 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:

OPMV#1 Was traveling Westbound on Washington St in the left travel lane when he reached the traffic light in traffic at Washington St and Commonwealth Ave. OPMV#1 Attempted to enter the right travel lane colliding with the OPMV#2.

OPMV#1 States he signaled to change lanes, looked over his shoulder and when he entered the lane he was struck by the OPMV#2.

OPMV#2 Was traveling Westbound on Washington St in the left travel lane when she reached the traffic light at Washington St and Commonwealth Ave. OPMV#2 Attempted to enter the right travel lane and the OPMV#1 entered the right lane at the same time colliding with the OPMV#2.

OPMV#2 Stated she signaled to get into the right lane and when she entered the lane to pass the OPMV#1 that's

(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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of light gray dashed lines forming squares. There are 10 columns and 8 rows of squares. A solid black border is visible around the edges of the page.

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:

when she was struck by the OPMV#1 entering the right travel lane.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

REID LARSON

NEWTON POLICE DEPARTMENT

07/24/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____