

| | | | | | | | | | | | | | | |
|---|--|--------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|--|---------------------|---|--|--|----|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 07/31/2019 | | Time of Crash 16:40 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 | | |
| SOUTH CENTRE ST Route# Direction Name of Roadway/Street At | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ | | | | | | | | 2 | | |
| EAST HOLLIS ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark | | | | | | | | 10 | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | 11 | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | 3 | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000788 | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # PUMKIN Reg Type PAV Reg State MA | | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ | | | | Veh Year 2012 Veh Make TOYT Veh Config. 1 20 | | | | | | | | | | |
| Operator RANNEY REBECCA Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | | 12 | |
| Address 35 OLD LANTERN LN | | | | Address _____ | | | | | | | | | | |
| City GROTON State MA Zip 01450 | | | | City _____ State _____ Zip _____ | | | | | | | | | | |
| Insurance Company COMMERCE | | | | Vehicle Action Prior to Crash 2 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 | | | | 3 4 | | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 10 Undercarriage | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 5 11 Totaled | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 6 | | | | | | |
| 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 4 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 # T94922 Reg Type CON Reg State MA | | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ | | | | Veh Year 2018 Veh Make FORD Veh Config. 2 20 | | | | | | | | | | |
| Operator MANOLI EMMANUEL Last First Middle | | | | Owner ENTERPRISE FM TRUST Last First Middle | | | | | | | | | | |
| Address 17 CANTON ST | | | | Address _____ | | | | | | | | | | |
| City RANDOLPH State MA Zip 02368 | | | | City _____ State _____ Zip _____ | | | | | | | | | | |
| Insurance Company PILGRIM | | | | Vehicle Action Prior to Crash 10 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 | | | | 10 Undercarriage | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 18 24 24 | | | | 5 11 Totaled | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 6 | | | | | | |
| 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 4 0 0 10 1 | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Centre St.

Hollis St.

Unit 2

Unit 1

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:

At approximately 1640 HRs on Wednesday, July, 31, 2019, I responded to the intersection of Centre St. at Hollis St. for a two vehicle crash. The operator of motor vehicle 1 stated she was traveling eastbound on Hollis St. while motor vehicle 2 was attempting to enter Centre St. southbound after stopping at the stop sign controlling the intersection. At this point, motor vehicle 2 reversed and struck motor vehicle 1 at the stop sign. The operator of motor vehicle 2 stated that he was entering the intersection in an attempt to travel southbound on Centre St. when traffic already southbound on Centre St. was flowing. In an attempt not to block northbound traffic, he reversed and accidentally struck motor vehicle 1. motor vehicle 1 sustained damage to its left fender and driver's side door areas. motor vehicle 2 sustained damage to its right rear bumper area and had preexisting scrapes to its right rear quarter and sliding door.. Neither party

(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

| | | | |
|------------------------------------|-----------|----------------------|-------------------|
| CHRISTOPHER G HOWES | 38804 | NEWTON POLICE DEPART | 07/31/2019 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department |
| | | | Precinct/Barracks |
| | | | Date |

CDP1 11 -24:00

