

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/05/2019	Time of Crash 19:45 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 1101 BEACON ST 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								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000803		
License # --- St MA DOB/Age ---			Reg # 9FH38 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make BMW Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2015 Veh Make BMW Veh Config. 1 20			Operator AMSTER MARK First Middle			Owner (Same as operator) First Middle		
Address 70 COLLINS RD			City NEWTON State MA Zip 02468			Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 4 22 22 22 22 2 3 4			Most Harmful Event 4 23 1 24 24 8 7 6			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N					
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		
Operator			See Above			-----			---		
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 2 15 Location 8 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										4	
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20					
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20			Operator PRUDEHOMME CHRISTOPHER First Middle			Owner --- Last First Middle		
Address 35 WOODMAN ST (apt. 3)			City JAMAICA PLAIN State MA Zip 02130			Insurance Company ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22 2 3 4			Most Harmful Event 23 1 24 24 8 7 6			10 Undercarriage 5 11 Totaled		
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Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1101 BEACON ST
WALGREENS

ENTRANCE TO PARKING LOT

BEACON ST

WALNUT ST

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:

MV1 was turning right from Beacon St into the parking lot of Walgreens when Bike 1 (Tan and black Scottfoill) was attempting to travel straight on Beacon St causing a collision. Bike 1 sustained minor damage and was still operational. MV1 sustained minor front passenger side damage. Bicyclist sustained minor scrapes and bruises, he was evaluated by Medic 1 and signed a patient refusal.

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

TIMOTHY WALTON **NEWTON POLICE DEPT** **08/05/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00