

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/08/2019		Time of Crash 20:25 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 719 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000820				
License # _____ St MA DOB/Age _____				Reg # 118GL4		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2008		Veh Make NISSAN		Veh Config. 2 20						
Operator STERMAN JANET J				Owner (Same as operator)									12	
Address 120 CHURCH ST (apt. 03)				Address _____										
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____										
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 6		5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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													2	
Operator See Above				-----		---		99 4 99		0 0 10 1				
7 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		
License # _____ St MA DOB/Age _____				Reg # VWI565		Reg Type CON		Reg State IN						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2008		Veh Make TOYOTA		Veh Config. 1 20						
Operator ESTRIDGE RACHEL				Owner (Same as operator)										
Address 232 BELLEVUE STREET				Address _____										
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____										
Insurance Company UNITED STATES AUTOMOBILE ASSOC				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____				Event Sequence 2 22 22 22 22		2 3 4								
Citation # (If Issued) T1271572				Most Harmful Event 2 23		1 9		10 Undercarriage						
Violation 1: Ch 90/24/J Sec _____ Violation 2: Ch 90/24/E Sec _____				Driver Contributing Code 2 24 10 24		8 7 6		5 11 Totaled						
Violation 3: Ch 90/9/B Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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				

→ 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 Thursday, August 8th 2019, at approximately 8:25pm, I, Officer Brooks, was parked in front of 719 Washington street facing westbound. I looked into my side view mirror to pull into traffic and observed MV1 (MA REG 118GL4) parked behind me with the driver's side door open. The operator was leaning into the car to retrieve an item, and then stood up and turned around to close the door. I observed MV2 (IN REG VWI565) traveling westbound, at what I estimated to be 45 miles per hour. MV2 struck the open door of MV1, narrowly missing operator #1.

MV1 sustained major damage to the driver's side door and was towed by Tody's. MV2 had heavy damage to the passenger side front end. The operator of MV2 was placed under arrest for Operating under the influence of alcohol after investigation. MV2 was towed by Tody's. There were no injuries as a result of the accident.

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

JOSEPH J BROOKS	38339	NEWTON POLICE DEPART	08/08/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date