

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 08/24/2019		Time of Crash 11:19 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								
EAST WATERTOWN ST Route# Direction Name of Roadway/Street At NORTH DUNSTAN RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000870					11	3						
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MURPHY SHAWN Address 11 MORRILL ST. City WEST NEWTON State MA Zip 02465 Insurance Company COMMERCE				Reg # 18551 Reg Type PAN Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								12	1							
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										13	1					
Operator				See Above																
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 NH DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator COMEAU ALLYSON Address 21 SILVER ST City ROCHESTER State NH Zip 03867 Insurance Company GEICO				Reg # 1CPH51 Reg Type PAN Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20 Owner DULI ANTHONY Address 145 LOWELL ST City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 18 24 24 5 11 Totaled Underride/Override 25 Towed Y								13	1							
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																
Operator/Non-Motorist				See Above																

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

dunstan st

watertown 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:**

ON 8-24-19 AT APPROX. 1119HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WATERTOWN AND DUNSTAN I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WATERTOWN. AS HE APPROACHED DUNSTAN ST. VEHICLE #2 CAME OUT OF THE STREET ENTERED THE TRAFFIC LANE AND HIT THE RIGHT SIDE OF HIS VEHICLE. VEHICLE #2 DRIVER STATES SHE WAS STOPPED AT THE STOP SIGN TRAVELING N-BOUND ON DUNSTAN. SHE LOOKED TO HER LEFT AND DIDN'T SEE ANY VEHICLES COMING, AS SHE ENTERED THE TRAFFIC LANE SHE WAS UNABLE TO AVOID HITTING VEHICLE #1. DRIVER STATES HER VISIBILITY WAS OBSTRUCTED BY A BLACK PICKUP PARKED ON THE SIDE OF THE ROAD ( MA REG: 7ZV435, 2011 FORD F150 PICKUP ). THE VEHICLE WAS PARKED LEGALLY AND HAD AN ACTIVE REGISTRATION. I WAS STOPPED BY A RESIDENT WHO STATED THERE ARE A LOT OF ACCIDENTS IN THIS AREA BECAUSE OF THE VISIBILITY OBSTRUCTION CAUSED BY VEHICLES PARKING IN THE AREA. VEHICLE

(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

THOMAS P WALSH

NEWTON POLICE DEPT

08/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

#1 HAD RIGHT FRONT SIDE DAMAGE. VEHICLE #2 HAD SEVERE FRONT END DAMAGE, FRONT AIRBAG DEPLOYMENT AND WAS TOWED BY TODYS. BOTH PARTIES WERE EXAMINED BY MEDICS AND SIGNED PATIENT REFUSALS. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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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

THOMAS P WALSH

NEWTON POLICE DEPART

08/24/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date