

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/26/2019	Time of Crash 17:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>1 1</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			16 WEST WASHINGTON ST		2 9					
<div>2 1</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____		2 10					
<div>3</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of QUINOBEQUIN RD Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____		11 2					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000874			
License # _____ St MA DOB/Age _____			Reg # 446HE8 Reg Type PAN Reg State MA		12					
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2011 Veh Make TOYOTA Veh Config. <u>2</u> <u>20</u>		1					
Operator DEMEO PENNY Last First Middle			Owner (Same as operator) Last First Middle		12					
Address 111 BARBARA RD			Address _____		1					
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____		1					
Insurance Company GEICO			Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		1					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		1					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		1					
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		13					
Name (Last First Middle) Address Age/DOB Sex			Operator See Above ----- --- 99 4 99 0 0 10 1		1					
Operator										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 37PW78 Reg Type PAN Reg State MA		13					
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2012 Veh Make TOYOTA Veh Config. <u>2</u> <u>20</u>		1					
Operator BROTHERS RICHARD G Last First Middle			Owner BROTHERS ELIZABETH Last First Middle		1					
Address 1 CLAYTON ST			Address 1 CLAYTON ST		1					
City MEDFIELD State MA Zip 02052			City MEDFIELD State MA Zip 02052		1					
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		1					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		1					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N		1					
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		13					
Name (Last First Middle) Address Age/DOB Sex			Operator/Non-Motorist See Above ----- --- 99 4 99 0 0 10 1		1					
Operator/Non-Motorist										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Quinobequin Rd

Washington St

NOT TO SCALE

Vehicle 1

Vehicle 2

Pedestrian

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator 1 of MV 1 was slowed in traffic on Washington st (wb) by Quinobequin Rd when MV 2 collided with the back of MV1. Moderate damage to MV1, no injuries to Operator 1.

Operator 2 of MV 2 was traveling w/b on Washington St by Quinobequin Rd when he stated MV1 stopped abruptly and was unable to stop. MV2 collided with MV1. Moderate damage to MV2, no injuries to Operator 2. No citations issued at this time.

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

ROBERT A MARCH

NEWTON POLICE DEPART

08/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date