

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/30/2019	Time of Crash 07:17 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH ALBEMARLE RD											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet [N S E W] of _____ or _____				Mile Marker Exit Number				
NORTH ST											
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000895		
License # --- St MA DOB/Age ---			Reg # R33706 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2008 Veh Make HONDA Veh Config. 1 20								
Operator REYES ANNA			Owner REYES JOSE D								
Address 20 GRANDVIEW AVE			Address 20 GRANDVIEW AVE								
City WATERTOWN State MA Zip 02472			City WATERTOWN State MA Zip 02472								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 4 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			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch _____ 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 See Above			-----			1 4 99 0 0 10 1			NONE		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 # Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17		
<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped								
License # --- St DOB/Age ---			Reg # --- Reg Type PAN Reg State MA								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make UNKNOWN Veh Config. 2 20								
Operator ---			Owner ---								
Address ---			Address ---								
City --- State --- Zip ---			City --- State --- Zip ---								
Insurance Company ---			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
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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			NONE		

Crash Narrative:

OPERATOR#1 REPORTS THAT SHE WAS GOING S/B ON CRAFT ST ATTEMPTING TO MAKE A LEFT TURN ONTO NORTH ST WHEN VEHICLE #2 STRUCK HER VEHICLE IN THE INTERSECTION.

VEHICLE #2 CONTINUED N/B ON CRAFT ST WITHOUT STOPPING. VEHICLE WAS DESCRIBED ONLY AS A SILVER SUV WITH FRONT PASSENGER SIDE DAMAGE.

DUE TO THE SUN GLARE OPERATOR #1 WAS UNABLE TO GET A BETTER DESCRIPTION. OPERATOR THOUGHT SHE LATER SAW THE INVOLVED VEHICLE STOPPED ON CRAFT ST AFTER SHE HAD TURNED ONTO NORTH ST THEN PULLED ONTO ALBEMARLE RD.

THERE WERE NO CALLS ABOUT THIS ACCIDENT LOCATION OTHER THAN FROM OPERATOR #1. WALTHAM PD WAS NOTIFIED AND GIVEN THE LIMITED INFORMATION PROVIDED.

OPERATOR #1 REPORTED NO INJURY AND HER VEHICLE WAS NOT TOWED.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

THOMAS J MCCARTHY			NEWTON POLICE DEPT.		08/30/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					