

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/03/2019	Time of Crash 08:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
WEST Route# Direction <u>BEACON ST</u> Name of Roadway/Street At <u>HAMMOND ST</u> 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000906			
License # --- St <u>MA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>AVERY</u> <u>VIVIAN</u> Address <u>141 ENGLEWOOD (apt. 25)</u> City <u>BRIGHTON</u> State <u>MA</u> Zip <u>02135</u> Insurance Company <u>METROPOLITAN</u> Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>54J440</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) 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> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved			13							
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 See Above --- 1 4 99 0 0 10 1							
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 <u>AZ</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>MURPHY</u> <u>BRENDON</u> <u>MICHAEL</u> Address <u>17 HUNNEWELL AVE</u> City <u>BRIGHTON</u> State <u>MA</u> Zip <u>02135</u> Insurance Company <u>PROGRESSIVE</u> Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2081221</u> Violation 1: Ch <u>90/24/F</u> Sec _____ Violation 2: Ch <u>90/24/C</u> Sec _____ Violation 3: Ch <u>A7</u> Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>BWL8637</u> Reg Type <u>PAN</u> Reg State <u>AZ</u> Veh Year <u>13</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) 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> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage Driver Contributing Code <u>10</u> <u>24</u> <u>20</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>Y</u>							
Please fill out for operator and all occupants involved			13							
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 --- 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:

OPER OF MV#1 WAS STOPPED IN TRAFFIC ON BEACON ST (WB), AT HAMMOND ST, WHEN MV#2 LIGHTLY STRUCK HER VEHICLE IN THE REAR.

OPER OF MV#2 STATED THAT HE WAS IN TRAFFIC (BEACON ST), AND LOOKED DOWN AT THE RADIO FOR A MOMENT.

OPER OF MV#2 STATED THAT HE THEN STRUCK THE REAR OF MV#1.

AFTER FURTHER CRIMINAL INVESTIGATION (REPORT# 19036866) OPER#2 (MURPHY, BRENDAN WAS PLACED UNDER ARREST FOR 90/24F. AND 90/24E, A7/A7 OUI DRUGS, AND NEGLIGENT OPERATION, FAIL TO USE CARE STARTING.

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

RICHARD F BENES NEWTON POLICE DEPTA 09/03/2019

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

CDP1 11 -24:00