

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/27/2019	Time of Crash 08:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>31Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 612 WASHINGTON ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>4Feet N S E W of _____ Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000980			
License # --- St MA DOB/Age ---			Reg # 3AH970		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Veh Year 2012		Veh Make TOYOTA		Veh Config. 1 20			
Operator SMITH ELIZABETH O Last First Middle			Owner (Same as operator)		First Middle		112			
Address 19A JOANNE DR (apt. 14)			Address		First Middle					
City ASHLAND State MA Zip 01721			City		State Zip					
Insurance Company GEICO			Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) T1441516			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 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		-----		99 4 4 0 0 10 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	
<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped							
License # --- St MA DOB/Age ---			Reg # 6RS565		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Veh Year 2017		Veh Make TOYOTA		Veh Config. 1 20			
Operator MONACHINO LAURA J Last First Middle			Owner (Same as operator)		Last First Middle					
Address 358 CENTRAL ST			Address		First Middle					
City MANSFIELD State MA Zip 02048			City		State Zip					
Insurance Company VERMONT MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		1 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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		-----		99 4 4 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

612 Washington St

Crafts St

Washington st

Unit 1

Unit 2

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:**

Oper # 1 was traveling EB on Washington Street and attempted to switch into right lane but struck veh # 2.

Oper # 1 admitted it was her fault. Given MA Citation # T1441516 for unsafe lane change. Veh #1 was towed by Tody's.

Oper # 2 stated she was traveling EB on Washington Street when she was struck by vehicle # 2 on her left side.

no injuries.

**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

MICHAEL D BOUDREAU      NEWTON POLICE DEPARTM      09/27/2019

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

CDP1 11 -24-00