

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 09/29/2019	Time of Crash 09:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:																																																																					
NORTH FESSENDEN LN Route# Direction Name of Roadway/Street At WEST CRAFT ST 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																																																																									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000989																																																																			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MURPHY MICHAEL Last First Middle Address 33 CRESCENT ST City NEWTON State MA Zip 02465 Insurance Company COMMERCE			Reg # 2B2062 Reg Type MCN Reg State MA Veh Year 2007 Veh Make HARLEY DAVIDSON Veh Config. 3 20 Owner MURPHY MICHAEL P Last First Middle Address 33 CRESCENT ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled																																																																									
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

FESSENDEN LANE

CRAFT ST

Unit 2

Unit 1

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 9-29-19 AT APPROX. 0933HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF FESSENDEN LANE AND CRAFT ST. I SPOKE TO THE OPERATOR OF VEHICLE #2. DRIVER STATES SHE WAS TRAVELING N-BOUND ON FESSENDEN LANE . AT THE INTERSECTION WAITING TO GO LEFT ONTO CRAFT ST. DRIVER STATES A VEHICLE TRAVELING E-BOUND ON CRAFT TURNED RIGHT INTO FESSENDEN LANE. AT THIS POINT DRIVER STATES SHE ENTERED THE TRAFFIC LANE AND TURNED ONTO CRAFTS ST. SHE STATES HER VEHICLE WAS HIT IN THE LEFT SIDE BY VEHICLE #1. SHE STATES SHE NEVER SAW THE MOTORCYCLE UNTIL IT WAS HITTING HER VEHICLE. OPERATOR OF VEHICLE #1 WAS BEING ATTENDED TO BY THE FIRE AND MEDICS. OPERATOR OF VEHICLE #2 WAS GIVEN MOTOR VEHICLE CITATION (T1445177, 89/9, FAILURE TO YIELD AT INTERSECTION). OPERATOR SERVED CITATION IN HAND.

I SPOKE TO A WITNESS (TIMOTHY CHANGOGARRETT). HE STATED HE WAS TRAVELING E-BOUND BEHIND THE

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CHANGOGASSETT, TIMOTHY,	32 TAFT AVE. NEWTON, MA 02465	-----	Y

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.

09/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

MOTORCYCLE. HE SAW VEHICLE #2 ENTER THE TRAFFIC LANE AND VEHICLE #1 HIT HER VEHICLE. HE STATES THE OPERATOR OF VEHICLE #1 WENT OVER HIS HANDLE BARS UPON COLLISION. LANDED ON THE HOOD OF VEHICLE #2 AND THEN FELL TO THE GROUND. AT THIS POINT HE CALLED 911.

OPERATOR OF VEHICLE #1 WAS TRANSPORTED TO BRIGHAM AND WOMEN'S HOSPITAL BY MEDIC2 FOR FURTHER TREATMENT. I WENT TO THE HOSPITAL AND SPOKE TO THE OPERATOR IN HIS ROOM. HE STATES HE WAS TRAVELING E-BOUND ON CRAFT INTENDING TO GO TO THE POST 440 ON CALIFORNIA ST. TO ATTEND AN AA (ALCOHOLICS ANONYMOUS) MEETING. HE STATES HE TOOK HIS SON'S MOTORCYCLE WITH THE INTENTION OF SEEING IF THERE WERE ANY REPAIRS NECESSARY BECAUSE HIS SON IS TRYING TO SELL IT. WHILE TRAVELING HE APPROACHED THE INTERSECTION. HE SAW VEHICLE #2 ENTER ONTO CRAFT ST. HE STATES HE COULD NOT DIVERT AND HE WAS UNABLE TO AVOID HITTING HER VEHICLE. OPERATOR HAS BROKEN

(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 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 DEPT.

09/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

