

# Commonwealth of Massachusetts

[illegible]

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/02/2019	Time of Crash 19:43 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	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:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street					9		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____					10		
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____					11		
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001001	
License # _____ St _____ DOB/Age _____			Reg # 8AC299			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2018			Veh Make LEXUS			Veh Config. 2 20	
Operator _____ Last _____ First _____ Middle _____			Owner TOYOTA LEASE TRU			Last _____ First _____ Middle _____				
Address _____			Address PO BX 105386			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City ATLANTA			State GA			Zip 30348	
Insurance Company _____			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E 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			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 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						13	
Operator			See Above							
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State 20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last _____ First _____ Middle _____			Owner _____			Last _____ First _____ Middle _____				
Address _____			Address _____			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City _____			State _____			Zip _____	
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Winchester St

Unit 1    Unit 2    Unit 3

P.O.I.    P.O.I.

229 Winchester st

NOT TO SCALE

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:**

Vehicle 1 was traveling S/B on winchester st when it collided with parked vehicle 2 in front of 229 Winchester st. Vehicle 2 was pushed into parked vehicle 3.

Vehicle 2 and 3 were unoccupied at the time of the accident.

Operator 1 had minor injuries and was transported to the NWH by Cataldo ambulance 1.

Vehicle 1 and 2 were towed by todys towing.

Operator 1 was issued ma Citation T2015491 for c90s24 OUI (Liquor), c90s24 Negligent Operation and c89s4A Marked Lanes violation.

See incident #19041837 in regards to this accident for charges.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
BETTS, RANDY,	67 CLIFFORD ST ROXBURY,MA 02119	-----	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

**ROBERT A MARCH**      **NEWTON POLICE DEPT**      **10/02/2019**

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

CDP1 11 -24:00