

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 10/09/2019		Time of Crash 17:17 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:																																																																						
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>SOUTH 169 EAST SIDE PKWY</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator WILLIAMSON EMILY</div> <div>Address 45 HILLTOP STREET (apt. 2)</div> <div>City NEWTON State MA Zip 02458</div> <div>Insurance Company UNITED SERVICES</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued) T2079901</div> <div>Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>12</div> <div>Reg # 5639VY Reg Type PAN Reg State MA</div> <div>Veh Year 2019 Veh Make FORD Veh Config. 1 20</div> <div>Owner KATZ BERNARD A</div> <div>Address 22 ROSALIE RD</div> <div>City NEWTON State MA Zip 02459</div> <div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 20 22 1 22 22 22 2 3 4</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div>10 Undercarriage 5 11 Totaled</div>																																																																						
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

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**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:**

MV 1 was traveling southbound on East side pkwy when she struck the curb on the right side of the street. At this time she swerved completely across the double yellow lines and struck MV 2 head on.

MV 2 was traveling northbound and observed MV 1 cross into his lane and strike him head on.

Both operators were evaluated by Cataldo ambulance who cleared with patient refusals. Both vehicles were removed from the scene by Tody's towing. Operator of MV 1 was cited for a marked lanes violation.

**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

**DONALD MURPHY**      **NEWTON POLICE DEPT**      **10/09/2019**

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

CDP1 11 -24:00