

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/09/2019	Time of Crash 20:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 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:				9
NORTH CHESTNUT ST											2
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10
At			Feet N S E W of _____ or _____				Mile Marker Exit Number				
EAST FULLER ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				11
Also at Intersection with			Feet N S E W of _____								3
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001027		
License # --- St MA DOB/Age ---			Reg # 7DV376 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make BMW Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner KOPANS ANDREW			Address 505 (apt. 811) TREMONT ST					12
Operator KOPANS LAURA KNOLL			City BOSTON State MA Zip 02116			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 505 TREMONT ST (apt. 811)			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
City BOSTON State MA Zip 02116			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Insurance Company HANOVER INSURANCE			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____		
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			Operator KOPANS, ANDREW 505 TREMONT ST (apt 811) BOSTON, MA 02116 --- M 3 1 3 99 0 0 10 1		13
Operator KOPANS, HELENA 505 TREMONT ST (apt 811) BOSTON, MA 02116 --- F 4 1 3 99 0 0 10 1			Operator KOPANS, DESMOND 505 TREMONT ST (apt 811) BOSTON, MA 02116 --- M 6 4 3 99 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 # 5RLX30 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make HONDA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner MACARTHUR ROBERT			Address 1839 WASHINGTON ST					
Operator MACARTHUR-SAWA SILVANA			City NEWTON State MA Zip 02466			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 1839 WASHINGTON ST			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 3 24 19 24		
City AUBURNDALE State MA Zip 02466			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
Insurance Company SAFETY INSURANCE			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____		
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			Operator/Non-Motorist See Above --- --- 1 3 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:

Operator of MV1 stated she was traveling Northbound on Chestnut Street. approaching Fuller Street when MV2 struck her vehicle on the drivers side. Operator of MV2 stated she was traveling Eastbound on Fuller Street. and proceeded through the intersection and collided with MV1. Operator of MV1 stated she did not observe the stop sign located on Fuller St. which was pointed out to her on the scene.

No injuries. All involved signed patient refusals from the medics on scene. MV1 sustained heavy left front end and drivers side damage. MV2 sustained heavy front end damage. Both vehicles involved were towed on scene by Todys. A towed motor vehicle form was filled out for both vehicles and placed on file.

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

JUSTIN MARCH	NEWTON POLICE DEPARTM	10/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #    Department    Precinct/Barracks    Date

CDP1 11 -24:00