

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																						
Date of Crash 10/12/2019		Time of Crash 13:01 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:						9																																																																	
1 1	WASHINGTON ST												2																																																																
	Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							10																																																																
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____							11																																																																
2 2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												3																																																																
	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 1900001037																																																																												
4 2	License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator CURRAN MICHAEL Address 335 WASHINGTON ST (apt. 308) City BRIGHTON State MA Zip 02135 Insurance Company COMMERCE					Reg # 2SG535 Reg Type PAN Reg State MA Veh Year 2008 Veh Make MAZDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ 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 Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							12																																																																
	<p>Please fill out for operator and all occupants involved</p> <table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>-----</td><td>---</td><td>---</td><td>1</td><td>4</td><td>99</td><td>0</td><td>0</td><td>9</td><td>1</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>												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	-----	---	---	1	4	99	0	0	9	1																																								
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7 3	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																																																																												
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Unit 1

Unit 2

Unit 2

Waverly Ave

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#1 stated he was travelling n/b on Washington St and was about to pass by the intersection of Waverly Ave when vehicle #2 pulled out into the intersection from Waverly Ave causing the collision.

Operator#2 stated she was first stopped at the intersection of Waverly Ave @ Washington St. She then attempted to make a left turn onto Washington St, to go n/b when she struck vehicle #1 in the intersection. She never saw vehicle #1 coming.

Witness reported seeing vehicle #2 pull right out into the intersection causing the crash.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GRUBER, ANDREA, R	12 LYNN WAY EXT FRAMINGHAM, MA 01701	-----	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 J MCCARTHY NEWTON POLICE DEPT 10/12/2019

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

CDP1 11 -24:00