

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/17/2019		Time of Crash 15:47 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	
Route# Direction Name of Roadway/Street At NORTH CENTRE ST				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with EAST CENTRE AVE				Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark _____								2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001060						3	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator HANSON CYNTHIA R Address 456 BELMONT ST (apt. 7) City WATERTOWN State MA Zip 02472 Insurance Company LM GENERAL				Reg # 8XBS20 Reg Type PAN Reg State MA Veh Year 2017 Veh Make VOLV Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 6 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 N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator See Above				-----								1	
HANSON, PAUL, D				456 BELMONT ST (apt 7) WATERTOWN, MA 02472									
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												7	
License # --- St VT DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FLOOD WADE L Address 4 MERRILL LN (apt. 205) City MILTON State VT Zip 05468 Insurance Company UNITED INSURANCE				Reg # 99D68 Reg Type TT Reg State VT Veh Year 2006 Veh Make KW Veh Config. 8 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 19 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								8	
Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist See Above				-----									

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Center Ave

Center St

P.O.I.

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 Thursday, October 17, 2019, I, Patrolman Hatfield, was assigned to marked cruiser N 491.

At approximately 1547 hours, I and Patrolman Healy were dispatched to the intersection of Centre St and Centre Ave for a minor MVA with no injuries.

Patrolman Healy and I arrived on scene and spoke with the operators. MV1 was operated by Cynthia Hanson (Cynthia). Cynthia stated she and her passenger, Paul Hanson (Paul) were not injured. Cynthia stated she attempted to merge onto Centre Ave from Centre St (eastbound) when she was struck from behind by a tractor trailer (MV2).

I then spoke with the operator of the tractor trailer, Wade Flood (Wade). Wade stated he was at fault and rear ended MV1.

(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 # 99D68 (From Vehicle Section)

Carrier Name LG TRUCKING Carrier Issuing Authority Code 35

Address 4 MERRILL LN #205 City MILTON St VT Zip 05468

US DOT #: 3168662 State Number VT Issuing State VERMONT ICC #: 1 Interstate 36

Cargo Body Type Code 99 Gross Vehicle Weight 2

Trailer Reg #: 37 Reg Type 38 Reg State 39 Reg Year 39 Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name 41 Material 4 digit # 42 Release code 42

MARK HATFIELD      NEWTON POLICE DEPT      10/17/2019

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

CDP1 11 -24-00



1

2

♀ Pedestrian

ie:



1



2



♀

[illegible]

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Patrolman Healy and I assisted in a paper exchange, and advised both operators to submit an accident report with the MA RMV.

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Registration # \_\_\_\_\_ (From Vehicle Section)

35

Zip

36

37

114

3

Placard

11

Material 1 digit #

11

Material Name\_\_\_\_\_

Material 4 digit #

Release code

42

NEWTON POLICE DEPARTMENT

10/17/2019

Date \_\_\_\_\_