

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/20/2019		Time of Crash 11:14 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:							
<div><div>EAST</div><div>ST JAMES ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WASHINGTON ST</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>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or 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></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001071							
License # --- St MA DOB/Age ---				Reg # 4TB859 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2012 Veh Make BUICK Veh Config. 1 20									
Operator OPOKU JOHN Last First Middle				Owner (Same as operator) Last First Middle									
Address 122 WATER ST (apt. 102)				Address									
City LEOMINSTER State MA Zip 01453				City State Zip									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				<div><div>10 Undercarriage</div><div>5 11 Totaled</div><div>6</div></div>					
Citation # (If Issued)													
Violation 1: Ch Sec Violation 2: Ch Sec													
Violation 3: Ch Sec Violation 4: Ch Sec													
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				1 4 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 # 6WB173 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2017 Veh Make DODGE Veh Config. 1 20									
Operator PINEDA VICTOR Last First Middle				Owner (Same as operator) Last First Middle									
Address 28R MIDDLE ST				Address									
City NEWTON State MA Zip 02458				City State Zip									
Insurance Company GOVERNMENT EMPLOYEE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				<div><div>10 Undercarriage</div><div>5 11 Totaled</div><div>6</div></div>					
Citation # (If Issued)													
Violation 1: Ch Sec Violation 2: Ch Sec													
Violation 3: Ch Sec Violation 4: Ch Sec													
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				1 4 99 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

190 on ramp

St James St

2

Washington St

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 Sunday, October 20th, 2019, I, Officer Newton and Officer Boudreau, responded to a motor vehicle accident at St James St and Washington St.

Vehicle 1 stated he was driving in the right lane on Washington St to merge on to the Mass Pike when vehicle 2 tried to merge over to the Mass Pike from the left lane heading towards St James St and hit the back left side of vehicle 1.

Vehicle 2 stated he was driving in the left lane on Washington St merging on to the pike when vehicle 1 began to merge from the right lane on Washington St causing the vehicles to collide.

Both drivers exchanged their information and both vehicles were able to drive away from the scene. Both drivers stated there were no injuries.

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

RICHARD NEWTON **NEWTON POLICE DEPT** **10/20/2019**

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

CDP1 11 24:00