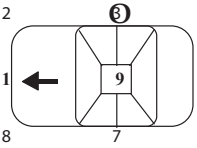


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/25/2019	Time of Crash 14:43 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1321 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001094		
License # _____ St MA DOB/Age _____			Reg # 249AB2			Reg Type PAN			Reg State MA		
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2017			Veh Make FORD			Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20		
Operator FITZGERALD KEVIN Last First Middle			Owner CITY OF NEWTON Last First Middle			Address 1321 WASHINGTON STREET			City NEWTON State MA Zip 02465		
Address 1321 WASHINGTON STREET			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company SELF INSURED			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override <input type="checkbox"/> 25 Towed N			Diagram: 			10 Undercarriage 11 Totaled		
Citation # (If Issued) N/A			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										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			-----		---		N/A	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St _____ DOB/Age _____										Reg # MP506B	
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____										Reg Type MVN	
Operator _____ Last First Middle										Reg State MA	
Veh Year 2018										Veh Make FORD	
Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20											
Owner CITY OF NEWTON Last First Middle										Address 1321 WASHINGTON STREET	
City NEWTON State MA Zip 02465										Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21	
Insurance Company SELF INSURED										Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N										Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22	
Citation # (If Issued) _____										Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override <input type="checkbox"/> 25 Towed N	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			-----		---		N/A	

→ 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:**

The operator of MV1 (MA: 249AB2) stated he was operating his vehicle Westbound through the parking lot behind 1321 Washington Street, Newton. The operator stated he was attempting to pull over to the right side of the roadway to allow a vehicle traveling Eastbound through the parking lot by him. In doing so, MV1's passenger side door area made contact with the front crash guard of Newton Police cruiser N506 (MA MVN: MP506B). I observed minor damage to the passenger side door area of MV1 and minor damage to the front crash guard of MV2. No injuries reported. Photos were taken and submitted to the IT Bureau.

**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

**MICHAEL R GAUDET**      **NEWTON POLICE DEPARTMENT**      **10/25/2019**

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

CDP1 11 -24:00