

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/30/2019		Time of Crash 11:04 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>BROOKLINE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>VINE 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 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001109							
License # --- St MA DOB/Age ---				Reg # 8TGD40 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make AUDI Veh Config. 2 20									
Operator MURRAY CAROLINE				Owner (Same as operator)									
Address 73 WOODEND RD				Address									
City NEWTON State MA Zip 02461				City State Zip									
Insurance Company INTEGON				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued)				Most Harmful Event 1 23									
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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 See Above													
MURRAY, ANDREW 73 WOOD END RD NEWTON, MA 02461													
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 PA DOB/Age ---				Reg # ZCS2460 Reg Type PAN Reg State PA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make CHEVY Veh Config. 2 20									
Operator LOKUTA JOSEPH				Owner (Same as operator)									
Address 31 COTTONWOOD RD				Address									
City BEAR CREEK TW State PA Zip 18702				City State Zip									
Insurance Company SELF				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 3 4									
Citation # (If Issued)				Most Harmful Event 1 23									
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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:

Brookline St

Vine St

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:

Joseph Lokuta was operating m/v E/B on Brookline St., Joseph states that he was traveling straight when he was struck on the right side by vehicle #1.

Caroline Murray was operating vehicle #2. Caroline states that she stopped at the stop sign at Vine St & Brookline St. A driver from the right motioned her to take the left turn. When Caroline pulled out she struck vehicle #2. No injuries, vehicle #1 towed by Todys.

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

10/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date