

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/31/2019	Time of Crash 07:39 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
WEST CENTRE ST 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							
SOUTH HYDE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001114			
License # --- St MA DOB/Age ---			Reg # 5XN385		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2017		Veh Make MINI		Veh Config. 1 20			
Operator DHEMECOURT PIERRE A Last First Middle			Owner (Same as operator) Last First Middle							
Address 1039 WALNUT ST			Address							
City NEWTON State MA Zip 02461-1140			City State Zip							
Insurance Company VERMONT MUTUAL			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			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		99 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 # 7VA477		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2007		Veh Make NISSAN		Veh Config. 1 20			
Operator GORMAN KARRIE Last First Middle			Owner (Same as operator) Last First Middle							
Address 21 HERRICK RD (apt. 2)			Address							
City NEWTON State MA Zip 02459			City State Zip							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 1		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			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		99 4 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Centre St

Unit 1

Unit 2

Hyde 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:

Mv#1 came to a stop (posted stop sign) at the end of Hyde St where he allowed a pedestrian to cross on Centre St. #1 then proceeded turning left onto Centre St. At that time #1 left front end struck Mv#2 passenger side front wheel which was travelling straight ahead on Centre St W/B. Significant front end damage sustained to #1 and significant passenger side axle damage sustained to #2. #2 towed by Tody's.

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