

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/31/2019	Time of Crash 12:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			WEST 993 WASHINGTON ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				
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			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001117	
License # --- St MA DOB/Age ---			Reg # 70JA69 Reg Type PAS Reg State MA			Veh Year 2005 Veh Make VOLV Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Owner GOUPIL JACQUES			Address 15 BEAUMONT AVE				
Operator HOWES ALICIA			City BOSTON State MA Zip 02134			City NEWTON State MA Zip 02460				
Insurance Company LIBERTY MUTUAL			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 2 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 2 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 20 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			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							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # 97ZK59 Reg Type PAS Reg State MA			Veh Year 2007 Veh Make TOYT Veh Config. 1 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner ECCHER CHRISTOPHER J			Address 58 HILLCROFT RD				
Operator _____			City WALTHAM State MA Zip 02452			Vehicle Action Prior to Crash 11 21				
Insurance Company GEICO			Event Sequence 1 22 22 22 22			2 3 4				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 1 23			10 Undercarriage				
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
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							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

#993 Washington St

Unit 2

Unit 1

Washington Street

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

The operator of MV#1 stated that she was traveling west on Washington St in the area of #993 when she was distracted by her phone and struck MV#2.

MV#2 was parked and unoccupied in front of #993 Washington St.

MV#1 towed by Todys, 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

GEORGE M CLAFLIN

NEWTON POLICE DEPART

10/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date