

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/01/2019	Time of Crash 19:12 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:				
Route# Direction Name of Roadway/Street At			WEST 719 WASHINGTON ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ 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 190001122	
License # --- St MA DOB/Age ---			Reg # IC21LA Reg Type PAS Reg State MA			Veh Year 2016 Veh Make HONDA Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make HONDA Veh Config. 1 20			Owner HONDA LEASE TRU Last First Middle				
Operator MUCCI ALYSSA			Owner HONDA LEASE TRU Last First Middle			Address 600 KELLY WAY				
Address 16 JASSET STREET			Address 600 KELLY WAY			City HOLYOKE State MA Zip 01040				
City NEWTON State MA Zip 02458			City HOLYOKE State MA Zip 01040			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company COMMERCE			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N				
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled				
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			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			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			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			Operator See Above			Operator See Above				
Operator			Operator			Operator				
Operator			Operator			Operator				
Operator			Operator			Operator				
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 # 563XN8 Reg Type PAN Reg State MA			Veh Year 2011 Veh Make TOYT Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011 Veh Make TOYT Veh Config. 1 20			Owner PIDGEON WILLIAM J JR Last First Middle				
Operator PIDGEON JOHN			Owner PIDGEON WILLIAM J JR Last First Middle			Address 627 HIGH STREET				
Address 627 HIGH ST			Address 627 HIGH STREET			City WESTWOOD State MA Zip 02090				
City WESTWOOD State MA Zip 02090			City WESTWOOD State MA Zip 02090			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company LIBERTY MUT			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled				
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Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above				
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist				
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist				
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

719 Washington St

NFD E4

NOT TO SCALE

MV1 MV2

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:**

Operator of MV1 stated she was traveling westbound on Washington Street passing the area of 719 Washington Street. As she was traveling in her lane, Newton Fire Engine 4 was in the lane next to her on her left. The engine veered to the right and went into her travel lane. Operator of MV1 said that she was forced to turn to the right to avoid colliding with the fire truck. She then struck MV2, which was parked on the side of Washington Street causing damage to his drivers side mirror and her passenger side mirror. The operator of MV2 was in his vehicle at the time of the accident. He stated that he also witnessed Engine 4 enter MV1's travel lane forcing her to collide into his vehicle. Neither party was injured and no contact was made with Newton Engine 4.

**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

LAUREN MARIE KEEFE      NEWTON POLICE DEPT      11/01/2019

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

CDP1 11 -24:00