

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/03/2019		Time of Crash 17:43 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:						9		
NORTH WALTHAM ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
SOUTH JOYCE RD.														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____								11		
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								3		
Landmark														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001128						
License # --- St MA DOB/Age ---				Reg # 7CCF20 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL 1 Endorsment				Veh Year 2012 Veh Make VOLVO Veh Config. 1 20										
Operator SPIRA ERAN				Owner (Same as operator)									12	
Address 19 ARLINGTON RD				Address										
City WALTHAM State MA Zip 02453				City State Zip										
Insurance Company STANDARD FIRE INS				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				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 6						
Please fill out for operator and all occupants involved													13	
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													1	
Operator See Above				-----										
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 # 1ZT651 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20										
Operator MMEMBE STEVEN				Owner (Same as operator)										
Address 77 LYMAN ST (apt. 5)				Address										
City WALTHAM State MA Zip 02451				City State Zip										
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 6 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						
Citation # (If Issued)				Most Harmful Event 1 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
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:

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:

On arrival with two Waltham Police officers to this MV accident, it was decided that the accident occurred on the Newton/Waltham line on the corner of 61 Waltham St. Classic Cars, Inc, 61 Waltham St is a West Newton address, therefore, I took jurisdiction of this MV accident.

MV1 (2012 Volvo S60) was traveling Southeast on Waltham St when he took a left hand turn onto Joyce Rd to head Northbound. MV2 (2016 Toyota 4Runner) was at a stop sign on Joyce Rd heading Southbound. MV1 operator stated that he was struck by MV2 because he proceeded through the stop sign. MV2 operator stated that he stopped at the stop sign and when he felt it was clear to proceed he began to do so. MV2 operator said that MV1 came out of nowhere turning left into his vehicle. MV1 had damage to its driver's side rear passenger door. MV2 had no visible damage. No vehicles towed and no injuries reported on scene.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ALEX N KANE	38800	NEWTON POLICE DEPART	11/03/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00