

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/09/2019		Time of Crash 02:17 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	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 450 AUBURN ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ Mile Marker _____ Exit Number _____									
				Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								4	
3 99 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001153							
License # --- St MA DOB/Age ---				Reg # 905RRM Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2002 Veh Make VOLKSWAGON Veh Config. 1 20									
Operator SUGAWARA MASAHITO				Owner (Same as operator)								12	
Address 28 ASH ST				Address _____									
City AUBURNDALE State MA Zip 02466				City _____ State _____ Zip _____									
Insurance Company COMMERCE				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 2 22 99 22 22 22				10 Undercarriage					
Citation # (If Issued) T1444941				Most Harmful Event 2 23				5 11 Totaled					
Violation 1: Ch 90/9 Sec Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 99 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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												2	
Operator See Above													
7 1 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 # 445ZE2 Reg Type PAN Reg State MA									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2016 Veh Make CHEV Veh Config. 2 20									
Operator _____				Owner HAWES ROY									
Address _____				Address 57 DELMONT AVE									
City _____ State _____ Zip _____				City LOWELL State MA Zip 01852									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 99 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
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 N									
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:

450 Auburn St - Auburndale Commuter Lot

Unit 2

Unit 1

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 #1 states he was driving eastbound on Auburn St in MA reg 905RRM (now known as vehicle #1), when a rabbit ran in front of his car which caused him to swerve. This resulted in vehicle #1 sideswiping MA reg 445ZE2 (now known as vehicle #2), which was parked/unoccupied on Auburn St in front of the Auburndale Commuter Lot. Vehicle #1 sustained damage to the entire right side and vehicle #2 had minor damage visible near the front driver's side wheel well.

Upon querying both vehicles it was discovered that vehicle #1 had an expired registration. Vehicle #1 was subsequently towed by Tody's, and operator #1 was issued MA citation T1444941 in hand. A note was left on vehicle #2 referencing this crash report. It should be noted that vehicle #2 was parked in a posted No Parking area on Auburn St.

(Continued on next page)

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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of light gray dashed lines forming squares. There are 10 columns and 8 rows of squares. A solid black border is visible around the edges of the page.

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:

Auburn St is a public way in the City of Newton. Operator #1 declined medical attention.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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

KELEIGH N DONAHUE

NEWTON POLICE DEPARTMENT

11/09/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____