Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

Date of Crash **11/13/2019**	Time of Crash **21:37** 24HR	City/Town **NEWTON**

Number Vehicles **2**	Number Injured **0**	Speed Limit **25** Latitude _____ Longitude _____	State Police ☐ Local Police ☒ MBTA Police ☐ Other:

RMV Document Number

< LOCATION >

AT INTERSECTION:		NOT AT INTERSECTION:

2 9

AT INTERSECTION

1 4

Route# ____ Direction ____ Name of Roadway/Street ____

At ____

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Also at Intersection with ____

2 1

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

NOT AT INTERSECTION

Route# ____ Direction **WEST** Address # **1351** Name of Roadway/Street **WASHINGTON ST**

2 10

____ Feet N S **E** W of ____ ____ • ____ or ____ ____
Mile Marker / Exit Number

____ Feet N S **E** W of ____
Route# ____ Intersecting Roadway/Street ____

4 11

____ Feet N S **E** W of ____
Landmark

3

☒ **Vehicle 1** **1** **# Occupants** | ☐ **Hit/Run** | ☐ **Moped** | Case Number **1900001170**

4 1

License # **---** St **MA** DOB/Age **-- -- ----**
Sex **M** Lic. Class **D** [18] [18] Lic. Restrictions [1] [19] CDL ____ Endorsment
Operator **SAGI** (Last) **MOSHE** (First) ____ (Middle)
Address **266 HUNNEWELL ST**
City **NEEDHAM** State **MA** Zip **02494**
Insurance Company **PROGRESSIVE**

Reg # **L74069** Reg Type **CON** Reg State **MA**
Veh Year **2016** Veh Make **FORD** Veh Config. [1] [20]
Owner **(Same as operator)** (Last) (First) (Middle)
Address ____
City ____ State ____ Zip ____

1 12

5

Vehicle Travel Direction: N S E **☒**
Responding to Emergency? **N**
Citation # (If Issued) ____
Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____

Vehicle Action Prior to Crash [1] [21]
Event Sequence [2] [22] [22] [22] [22]
Most Harmful Event [2] [23]
Driver Contributing Code [9] [24] [14] [24]
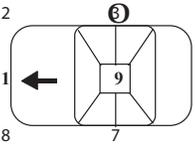
Damaged Area Code: (Circle Up to Three)
2 ③ 4
1 ← 9 5
8 7 6
10 Undercarriage
11 Totaled

6 1

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	See Above	- - - - - - - -	- - -	1	4	4	0	0	10	2		

2 13

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7 1

Please Select One of the Following:	☒ Vehicle 2 **1** # Occupants	☐ Non-Motorist A Type [14] Action [15] Location [16] Condition [17]	☐ Hit/Run ☐ Moped

8 4

License # **---** St **MA** DOB/Age **-- -- ----**
Sex **M** Lic. Class **D** [18] [18] Lic. Restrictions [1] [19] CDL ____ Endorsment
Operator **FOX** (Last) **MATTHEW** (First) ____ (Middle)
Address **72 RIVERSIDE ST**
City **WATERTOWN** State **MA** Zip **02472**
Insurance Company **GEICO**

Reg # **8MHS60** Reg Type **PAN** Reg State **MA**
Veh Year **2003** Veh Make **HONDA** Veh Config. [1] [20]
Owner **(Same as operator)** (Last) (First) (Middle)
Address ____
City ____ State ____ Zip ____

Vehicle Travel Direction: N S E **☒**
Responding to Emergency? **N**
Citation # (If Issued) ____
Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____
Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____

Vehicle Action Prior to Crash [6] [21]
Event Sequence [2] [22] [22] [22] [22]
Most Harmful Event [2] [23]
Driver Contributing Code [1] [24] [24]
Underride/Override [25] Towed **N**
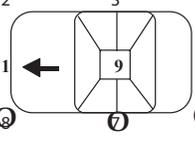
Damaged Area Code: (Circle Up to Three)
2 3 4
1 ← 9 5
⑧ ⑦ 6
10 Undercarriage
11 Totaled

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	- - - - - - - -	- - -	1	4	4	0	0	10	1		

Crash Diagram:

Direction → | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

ie: → 1 | → 2 | → Pedestrian

1351 WASHINGTON ST.

MV1 MV2

⇐N⇒

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:

Operator of MV2 was parked in front of 1351 Washington Street with his directional on, waiting to enter traffic when MV1 sidewiped his vehicle. MV2 sustained scratches to the rear bumper, driver side front door, and driver side rear door. The driver's side mirror was also knocked off. MV1 did not appear to have any damage. Neither party reported any injuries from the accident. Operator of MV2 did not require a tow. MV1 was towed by Todys Towing due to the operator being transported to NWH for a medical evaluation.

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]

LAUREN MARIE KEEFE NEWTON POLICE DEPARTM 11/13/2019

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

CDP1 11 ·24·00