

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts										RMV Document Number	
Date of Crash 11/22/2019	Time of Crash 16:10 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div><div>SOUTH</div><div>WASHINGTON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>BEACH ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker or Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001202							
License # --- St MA DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator DELANEY KATHERINE Address 150 PLEASANT ST City MILTON State MA Zip 02186 Insurance Company USAA CASUALTY Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 4XP796 Reg Type PAN Reg State MA Veh Year 2019 Veh Make JEEP Veh Config. 1 20 Owner DELANEY AMY Address 150 PLEASANT ST City MILTON State MA Zip 02186 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved				10 Undercarriage 11 Totaled									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility				Operator See Above --- --- 1 4 4 0 0 10 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 NH DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator MCKENNA MOLLY Address 3 WINDSOR DR City LITCHFIELD State NH Zip 030525 Insurance Company UNKNOWN Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 4632247 Reg Type PASS Reg State NH Veh Year 2014 Veh Make NISSAN Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y									
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility				Operator/Non-Motorist See Above --- --- 1 4 4 0 0 10 1 NONE BENTON, TARIQ 8 MAYNARD ST ROSINDALE, MA 02103 --- M 3 1 4 4 0 0 10 1 NONE									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Beach St

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:

Vehicle 1 was traveling Southbound on Beach St. Vehicle 1 came to a stop at Beach St. and Washington St. before attempting to take a left turn onto Washington St. When Vehicle 1 crossed into the far right westbound travel lane onto Washington St. it was struck by Vehicle 2 on its left driver side.

Vehicle 2 was traveling Westbound in the far right travel lane on Washington St. Vehicle 2 while traveling straight ahead when it collided with Vehicle 1 who was attempting to cross the westbound travel lanes and turn east onto Washington St.

Vehicle 1 sustained minor damage to it's driver side. Vehicle 2 sustained minor damage to it's front end. The Owner of Vehicle 2 decided to have AAA tow the vehicle from the scene.

No drivers or passengers were injured.

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

KEVIN DONOVAN

NEWTON POLICE DEPART

11/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date