Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
11/23/2019	12:32	NEWTON
	24HR	

Number Vehicles	Number Injured
2	0

Speed Limit **25**
Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other:

< LOCATION >

AT INTERSECTION:

[1] [1]
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:

[2] [9]
[2] [10]
NORTH **320** **ADAMS ST**
Route# ____ Direction ____ Address # ____ Name of Roadway/Street ____

____ 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

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[3]
☒ Vehicle 1 **0** # Occupants   ☒ Hit/Run   ☐ Moped

Case Number **1900001203**

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[4] [1]

License # ____ St ____ DOB/Age ____
Sex ____ Lic. Class **[18] [18]** Lic. Restrictions ____ **[19]** CDL ____ Endorsment
Operator ____
Last ____ First ____ Middle ____
Address ____
City ____ State ____ Zip ____
Insurance Company **SAFETY**

Reg # **WLDCTS** Reg Type **CON** Reg State **MA**
Veh Year **2017** Veh Make **ACURA** Veh Config. **[2] [20]**
Owner **FEINBERG** **STEVE**
Last ____ First ____ Middle ____
Address **116 HUNT DR**
City **STOUGHTON** State **MA** Zip **02072**

[1] [12]

Vehicle Action Prior to Crash **[11] [21]**
Event Sequence **[1] [22] [22] [22] [22]**
Most Harmful Event **[1] [23]**
Driver Contributing Code **[1] [24] [24]**
Underride/Override **[25]** Towed **Y**

Damaged Area Code: (Circle Up to Three)
2 3 4
1 ← 9 5
8 O 6
10 Undercarriage
11 Totaled

[5] [2]
Vehicle Travel Direction: ☒ S E W   Responding to Emergency? **N**
Citation # (If Issued) ____

[6] [1]
Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____
Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____

Please fill out for operator and all occupants involved

[13] [2]

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	- - - - - - - -	- - -	- - -								

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[7] [1]

Please Select One of the Following: ☒ Vehicle 2 **0** # Occupants   ☐ Non-Motorist A Type **[14]** Action **[15]** Location **[16]** Condition **[17]**   ☒ Hit/Run   ☐ Moped

[8] [1]

License # ____ St ____ DOB/Age ____
Sex ____ Lic. Class **[18] [18]** Lic. Restrictions ____ **[19]** CDL ____ Endorsment
Operator ____
Last ____ First ____ Middle ____
Address ____
City ____ State ____ Zip ____
Insurance Company ____

Reg # **UNK** Reg Type **UNK** Reg State **XX**
Veh Year **UNK** Veh Make **UNK** Veh Config. **[97] [20]**
Owner ____
Last ____ First ____ Middle ____
Address ____
City ____ State ____ Zip ____

Vehicle Action Prior to Crash **[99] [21]**
Event Sequence **[2] [22] [22] [22] [22]**
Most Harmful Event **[2] [23]**
Driver Contributing Code **[24] [24]**
Underride/Override **[25]** Towed **Y**

Damaged Area Code: (Circle Up to Three)
2 3 4
1 ← 9 5
8 7 6
10 Undercarriage
11 Totaled

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

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	- - - - - - - -	- - -	- - -								

Crash Diagram:

➡ Direction ⬛1⬛ Vehicle 1 ⬛2⬛ Vehicle 2 ⚲ Pedestrian

ie: ➡ ⬛1⬛ ➡ ⬛2⬛ ➡ ⚲

320 Adams St

Unit 1

Unit 2

← N →

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:

Steven Feinberg states that he parked his car at 320 Adams St to go to a funeral. When he came out he noticed someone had sideswiped his vehicle, Ma Reg WLDCTS. No witnesses, no injuries and no vehicles were towed.

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 |

STEPHEN T COTTENS   NEWTON POLICE DEPARTM   **11/23/2019**

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

CDP1 11 ·24·00