

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/26/2019		Time of Crash 19:12 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	
WEST BEACON ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NORTH LAWRENCE AVE						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						2	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001215							
License # --- St MA DOB/Age ---				Reg # 2KMK60 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make CHEVY Veh Config. 2 20									
Operator CUSAK ALISA				Owner (Same as operator)								12	
Address 2 RIVERVIEW RD				Address _____									
City CANTON State MA Zip 02021				City _____ State _____ Zip _____									
Insurance Company VERMONT MUTUAL				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2		3 4 10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 7 6							
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							
Operator See Above				---		1 4 99 0 0 99 2 NEWTON WELLESLEY							
CUSAK, ISABEL 2 RIVERVIEW RD CANTON, MA 02021				---		F 5 1 4 99 0 0 99 2 NEWTON WELLESLEY							
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 # 1DEF45 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make DODGE Veh Config. 2 20									
Operator BAIZOB YORAM				Owner (Same as operator)									
Address 439 WASHINGTON ST (apt. 3)				Address _____									
City NEWTON State MA Zip 02458				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 E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2		3 4 10 Undercarriage							
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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 1 1 0 0 10 1 NONE							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Beacon St

MV2

MV1

Crosswalk

Lawrence Ave

NOT TO SCALE

← 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:

MV1 operator was driving westbound on Beacon St when they stopped for a pedestrian to cross in a crosswalk. MV1 operator stated they were then struck from behind. MV1 sustained total rear end damage and was towed by Todys. MV1 operator and passenger said they have unknown injuries and were transported by Newton Medics to Newton Wellesley Hospital for an evaluation.

MV2 operator was driving behind MV1 on Beacon St westbound. MV2 operator said MV1 stopped suddenly. MV2 sustained total front end damage and was towed by Todys. MV2 operator said they were not injured.

Due to the nature of the crash and statements, I have reason to believe MV2 operator was at fault for inattention and following MV1 too closely. No citation issued.

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

MARK HATFIELD NEWTON POLICE DEPT 11/26/2019

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

CDP1 11 -24:00