

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/30/2019		Time of Crash 17:36 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	
NORTH CENTRE ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
90 WEST MASS PIKE				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						3			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001227							
License # --- St MA DOB/Age ---				Reg # 6HH167 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 1 20									
Operator ROSS ELIZABETH				Owner (Same as operator)								12	
Address 20 JEFFERSON ST				Address _____									
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									
Insurance Company METROPOLITAN				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22					
Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				Underride/Override 25 Towed N					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle) Address Age/DOB Sex				Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								1	
Operator See Above				1 4 99 0 0 10 1									
SMITH, CAREN 20 JEFFERSON ST NEWTON, MA 02458				F 3 1 1 99 0 2 10 1									
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 NJ DOB/Age ---				Reg # S72HXG Reg Type PAN Reg State NJ									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make JEEP Veh Config. 1 20									
Operator NAGIE LOIS				Owner (Same as operator)									
Address 69 SCHINDLER SQUARE				Address _____									
City HACKETTSTOWN State NJ Zip 07840				City _____ State _____ Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 5 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22					
Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				Driver Contributing Code 19 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				Underride/Override 25 Towed N					
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex				Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist See Above				1 4 99 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

Mass Pike exit 17

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:

On Saturday, November 30th, 2019 at approximately 1736 hours I, Officer Newton and Officer Healy responded to Centre St near the Mass Pike exit ramp 17 for a motor vehicle accident.

The operator of vehicle 1 stated she was driving northbound on Centre St when vehicle 2 tried to merge from the right lane and struck her vehicle. The passenger of vehicle 1's airbag deployed and she was unable to exit the vehicle. Fire department arrived on scene and were able to open the door.

The operator of vehicle 2 stated she was coming off the Mass Pike exit 17 and she tried to merge over to the lane to her left and did not see vehicle 1 and struck the vehicle.

All parties involved declined medical attention. Both vehicles were able to drive away safely.

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

RICHARD NEWTON **NEWTON POLICE DEPT** **11/30/2019**

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

CDP1 11 -24:00