

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/09/2019	Time of Crash 07:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					
PERKINS ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____					Exit Number		
WASHINGTON ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street								Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001264			
License # --- St MA DOB/Age ---			Reg # 7PS492		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016		Veh Make HONDA		Veh Config. 1 20			
Operator HYPOLITE FRITZ			Owner (Same as operator)							
Address 55 PARKVIEW RD			Address _____							
City WALTHAM State MA Zip 02452			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y				7 6			
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		-----		10 1			
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 MA DOB/Age ---			Reg # 429SH8		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011		Veh Make CADI		Veh Config. 2 20			
Operator HUGHSON IVONEIDE			Owner (Same as operator)							
Address 242 MOUNT VERNON (apt. 6)			Address _____							
City LAWRENCE State MA Zip 01843			City _____ State _____ Zip _____							
Insurance Company ALLSTATE			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		3 4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 18 24 24		8		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y				7 6			
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			
HUGHSON, MARK			242 MOUNT VERNON (apt 6) LAWRENCE, MA 01843		----- M 10 1 1 1 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

PERKINS ST

P.O.I.

Unit 2

Unit 1

WASHINGTON 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:

The operator of MV1 (MA Reg: 7PS492) stated that he was travelling eastbound on Washington St in the right lane. MV1 stated that as he approached the intersection of Washington and Perkins St, he was cut off by MV2. The operator of MV1 stated MV2 came from his left and he had no time to stop. MV1 stated that he had a green light.

The operator of MV2 (MA Reg: 429SH8) stated that they were on Washington St over the Mass Pike attempting to turn left onto Washington St. MV2 stated that two lanes of traffic had stopped and waved them on. MV2 stated that they did not see MV1 in the far lane and pulled out into their lane. MV2 stated that they had green light when they attempted to turn.

MV1 sustained front end damage. MV2 sustained passenger side damage. All parties were evaluated by medics and

(Continued on next page)

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

ANDREW SCOTT VELLO NEWTON POLICE DEPT 12/09/2019

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

CDP1 11 -24:00

