

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 12/10/2019		Time of Crash 19:05 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															
SOUTH HAMMONDSWOOD RD										2																	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10																	
At				Feet N S E W of _____ or _____																							
WEST HAMMOND ST				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 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001274																			
License # --- St MA DOB/Age ---				Reg # 8PGR70 Reg Type PAN Reg State MA																							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make ACURA Veh Config. 2 20																							
Operator GAGER PHILIP				Owner (Same as operator)								12															
Address 15 FARLOW RD				Address _____																							
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____																							
Insurance Company HANOVER INSURANCE				Vehicle Action Prior to Crash 1 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				10 Undercarriage																			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				8 9 6																			
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		3		99		0		0		10		1		NONE			
GAGER, AARON				15 FARLOW RD NEWTON, MA 02458		-----		M		5		4		3		99		0		0		10		1		NONE	
GAGER, MAX				15 FARLOW RD NEWTON, MA 02458		-----		M		6		4		3		99		0		0		10		1		NONE	
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 # 4PW738 Reg Type PAN Reg State MA																							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make JEEP Veh Config. 2 20																							
Operator BEKKER AARON				Owner (Same as operator)																							
Address 105 WAYNE RD				Address _____																							
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____																							
Insurance Company COMMERCE INSURANCE				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																			
Citation # (If Issued) T2013393				Most Harmful Event 1 23				10 Undercarriage																			
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				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		4		99		0		0		10		1		NONE			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Hammondswood Rd

Hammond St

MV1

MV2

P.O.I.

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:

MV1 was driving southbound on Hammondswood Rd. MV2 was driving westbound on Hammond St. MV2 operator said he stopped at the stop sign at the intersection and then continued forward westbound, and then struck MV1 on the driver's side. Be advised only Hammond St has stop signs, MV1 had the right of way. MV1 sustained heavy driver side damage and was towed by Tody's. No reported injuries at this time. MV2 was deemed at fault. MV2 operator was issued MA Uniform citation # T2013393 for Failure to Yield to Approaching Motor Vehicle.

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 12/10/2019

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

CDP1 11 -24:00