

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/13/2019	Time of Crash 07:33 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:			
NORTH COUNTRY CLUB RD Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
EAST DEDHAM ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001281	
License # --- St MA DOB/Age ---			Reg # 285YH1 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make VW Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner ENG AMY			Address 7 WINCHESTER PL				
Operator ENG SYDNEY			City NEWTON State MA Zip 02461			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)	
Address 7 WINCHESTER PLZ			Insurance Company IDS			Event Sequence 1 22 22 22 22			10 Undercarriage	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N	
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			1 4 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 # 9HP257 Reg Type PAN Reg State MA			Veh Year 04 Veh Make TOYOTA Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner HASSON VALERIE			Address 80 BONAD RD				
Operator HASSON MOSHE			City BROOKLINE State MA Zip 02467			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 80 BONAD RD			Insurance Company GEICO			Event Sequence 1 22 22 22 22			10 Undercarriage	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 20 24 24			Underride/Override 25 Towed N	
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 4 0 0 10 1			NONE	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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:**

OPER OF MV#1 WAS STOPPED ON DEDHAM (EB) , MAKING A LEFT TURN ONTO COUNTRY CLUB ROAD (SB) . OPER OF MV#1 STATED THAT SHE HAD HER LEFT TURN INDICATOR ON. OPER OF MV#1 STATED THAT SHE WAS THEN STRUCK IN THE REAR BY MV#2 .

OPER OF MV#2 STATED THAT HE WAS TRAVELLING EB ON DEDHAM ST (AT COUNTRY CLUB ROAD) , WHEN A CAT RAN ACROSS THE ROAD IN FRONT OF HIS VEHICLE. OPER OF MV#2 STATED THAT CAT DISTRACTED HIM, AND HE THEN STRUCK THE REAR OF MV#1 .

MV#1 SUSTAINED MODERATE REAR DAMAGE.

MV#2 SUSTAINED MINOR FRONT DAMAGE. NEITHER VEHICLE WAS TOWED AND THERE WERE NO INJURIES.

**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 F BENES**      **NEWTON POLICE DEPT**      **12/13/2019**

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

CDP1 11 -24:00