

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/14/2019		Time of Crash 14:53 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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 100 NONANTUM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001286					3	
License # _____ St MA DOB/Age _____				Reg # 4FJ971 Reg Type PAN Reg State MA				Veh Year 2008 Veh Make BMW Veh Config. 1 20					12	
Sex F Lic. Class [D] 18 [M] 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____				Operator GARDEL CLAUSETTE L Last First Middle								1		
Address 76 BRAYTON RD				Owner (Same as operator) Last First Middle								1		
City BRIGHTON State MA Zip 02135				City _____ State _____ Zip _____								1		
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								13		
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 23 24 24 25 Towed N								1		
Citation # (If Issued) _____				Most Harmful Event 1 23 24 24 25 Towed N								1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 25 Towed N								1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								1		
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								13		
Operator				See Above								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		13
License # _____ St MA DOB/Age _____				Reg # R12418 Reg Type CON Reg State MA				Veh Year 2006 Veh Make FRHT Veh Config. 2 20					12	
Sex M Lic. Class [D] 18 [M] 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____				Operator OLIVEIRA NEVAL Last First Middle								1		
Address 49 PROSPECT ST				Owner WILD FIFTY SEVENS Last First Middle								1		
City MILFORD State MA Zip 01797				City MENDON State MA Zip 01756								1		
Insurance Company PROTECTIVE INS CO				Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)								13		
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 23 24 24 25 Towed N								1		
Citation # (If Issued) _____				Most Harmful Event 1 23 24 24 25 Towed N								1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 10 24 24 25 Towed N								1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								1		
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								13		
Operator/Non-Motorist				See Above								1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Blackstone Ter

Unit 2

Unit 1

Nonantum Road

NOT TO SCALE

ONE WAY

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 Veh #1 stated she was traveling WB on Nonantum Street when she was passing Blackstone Ter she was struck by a FedEx truck. The FedEx truck had been backing out of Blackstone Ter. Oper # 1 says she didn't see him until the last second and couldn't get out of the way.

Oper # 2 stated he was backing out of Blackstone Ter using his rear view camera and didn't see MV #1 until he hit it.

Was able to get MV #1 off to side of the road. She arranged a private tow.

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

MICHAEL D BOUDREAU NEWTON POLICE DEPART 12/14/2019

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

CDP1 11 -24:00