

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/17/2019		Time of Crash 14:47 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				SOUTH 717 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ 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	
3 4 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Case Number 190001301								2	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator HOWE HOLLY Address 34 STEARNS ST City NEWTON State MA Zip 02459 Insurance Company ENCOMPASS				Reg # 991HK6 Reg Type PAN Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 1 20 Owner HOWE PETER Address 34 STEARNS ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								12	
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	
7 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 VA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator NUNNALLY AVERY PIERCE Address 3762 CLARK RD City CROZET State VA Zip 22932 Insurance Company FEDERAL				Reg # VDX7462 Reg Type PAN Reg State VA Veh Year 2005 Veh Make TOYOTA Veh Config. 2 20 Owner NUNNALLY SCOTTY Address 3762 CLARK RD City CROSET State VA Zip 22932 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N								13	
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									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

717

CENTRE ST

V2

V1

N

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 the above date and time I responded to 717 Centre St for a report of a crash involving two vehicles. The weather was snowy / rainy/ sleeting, and the roadway was a mixture of ice/ snow.

Upon arrival on scene I spoke with the operator of V1 Ms. Howe, she stated she was traveling south on Centre St when V2 stopped abruptly. Ms. Howes stated she applied the brakes and her vehicle would nt stop due to the icy roadway and she had contact with V2.

I then spoke with the operator of V2, Ms. Nunnally stated that a vehicle had abruptly pulled out of the driveway of 717 Centre St. She stated she applied her brakes immediately to avoid contact and pulled to the right. She stated when she stopped she felt rear impact from V2.

Both parties had no injuries at this time. V2 was towed by Todys towing to 1354 Washington Street Newton.

(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

