

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/21/2019		Time of Crash 07:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9	
Route# Direction Name of Roadway/Street At				EAST 64 HOMER 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	
97				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001323			2
License # --- St MA DOB/Age ---				Reg # 8BV936 Reg Type PAN Reg State MA				12					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make AUDI Veh Config. 2 20				1					
Operator DEVLIEGERE DANIEL Last First Middle				Owner (Same as operator) Last First Middle				1					
Address 700 COMMONWEALTH AVE				Address _____				1					
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____				1					
Insurance Company CITIZENS INSURANCE COMPANY OF AMERICA				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)				13					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				7					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- --- 99 4 4 0 0 10 1				2					
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 # 682KC7 Reg Type PAN Reg State MA				13	
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 1997 Veh Make TOYOTA Veh Config. 2 20				1					
Operator BEAVER OWEN MALCOLM Last First Middle				Owner (Same as operator) Last First Middle				1					
Address 172 WINSLOW RD				Address _____				1					
City WABAN State MA Zip 02468				City _____ State _____ Zip _____				1					
Insurance Company LM GENERAL INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				13					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 18 24 24				6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				7					
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13					
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above --- --- 99 1 4 0 0 8 1				2					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

64 Homer St

Homer St

MV#2

MV#1

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 MV#1 stated he was parked at the street bend of 64 Homer St when he was struck from behind by MV#2. MV#1 sustained heavy damages to its driver's side rear bumper area. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling eastbound on Homer St when his visibility was obstructed by the solar glare and struck MV#1. MV#2 sustained heavy front end damages with both front airbags deployment. The operator of MV#2 sustained a cut lower lip. He was evaluated by Newton Paramedics and signed a patient refusal of treatment.

It should be noted when this accident occurred, there was a solar glare obstruction that faced all oncoming eastbound traffic. Tody's Towing took possession of MV#2.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
FORRY-SORRELL, MAUREEN,	,	----	Y

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