

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/27/2019		Time of Crash 20:13 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	
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				NORTH		DUDLEY RD						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker or Exit Number							
				Feet N S E W of		BROOKLINE ST						11	
Route# Direction Name of Intersecting Roadway/Street		Route#		Intersecting Roadway/Street						5			
				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001338							
License # --- St MA DOB/Age ---				Reg # 3YB591 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20									
Operator BROWN MAXIMUS C				Owner BROWN LEONARD								12	
Address 48 MAPLE STREET				Address 48 MAPLE ST									
City WEST ROXBURY State MA Zip 02132				City W. ROXBURY State MA Zip 02132									
Insurance Company ALL STATE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) T2080190				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec				Driver Contributing Code 10 24 9 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y				6					
Please fill out for operator and all occupants involved												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												1	
Operator See Above				1 4 4 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 # 1FSJ69 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2020 Veh Make BMW Veh Config. 1 20									
Operator MERLE JEREMY				Owner FINANCIAL SERVIC									
Address 235 BALDPATE HILL RD				Address 5550 BRITTON PKWY									
City NEWTON State MA Zip 02459				City HILLARD State OH Zip 43026									
Insurance Company SAFETY				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 N				6					
Please fill out for operator and all occupants involved													
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				1 4 4 0 0 10 1				NONE					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

DUDLEY RD

BROOKLINE ST

#1

#2

P.O.I.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

⊙ N

**Crash Narrative:**

Vehicle #1 was traveling north on Dudley Rd. Just north of Brookline St.

Vehicle #2 was traveling south on Dudley Rd. Just north of Brookline St.

Vehicle #1 briefly crossed into Vehicle #2's lane and both vehicles driver side mirrors collided suffering minor damage.

Vehicle #1 did not stop after the collision, but was followed by the driver of vehicle #2 and located at Newton South High School.

After the accident investigation the Operator of Vehicle #1 was cited for MGL 90/24 OUI Drugs (marijuana), MGL 90/24/C leaving the scene of property damage. (see incident report #19056178)

Additionally the Operator of Vehicle #1 will be charged with MGL 90/24/E Negligent Operation of a Motor

(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

