

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 01/04/2020		Time of Crash 20:40 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				
NORTH ST JAMES ST										2						
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10						
At				Feet N S E W of _____ or _____												
WEST WASHINGTON ST				Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11						
Also at Intersection with				Route# Intersecting Roadway/Street						4						
Route# Direction Name of Intersecting Roadway/Street				Landmark												
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000013										
License # --- St MA DOB/Age ---				Reg # X1026 Reg Type PAR Reg State MA												
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make VOLKSWAGON Veh Config. 2 20												
Operator HASSETT KELLY				Owner (Same as operator)								12				
Address 37 ROYAL AVE				Address _____												
City CAMBRIDGE State MA Zip 02138				City _____ State _____ Zip _____												
Insurance Company PROGRESSIVE CASUALTY INS				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 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				8 7 6								
Please fill out for operator and all occupants involved												13				
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	4	0	0	10	1		
CUPPENS, RYAN				37 ROYAL AVE (apt 1) CAMBRIDGE, MA 02138		---	M	3	1	4	4	0	0	10	1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
License # _____ St _____ DOB/Age _____				Reg # UNK Reg Type UNK Reg State XX												
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year UNK Veh Make UNK Veh Config. 97 20												
Operator _____				Owner _____												
Address _____				Address _____												
City _____ State _____ Zip _____				City _____ State _____ Zip _____												
Insurance Company _____				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)								
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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 →

Crash Diagram:

St. James St

Washington St

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:

Operator of MV1 stated while traveling Northbound on St. James Street toward Centre St. a black SUV struck the rear passenger side of her vehicle. Operator of MV1 stated she and the 2nd vehicle both were traveling toward Centre St. Once both vehicles made contact Operator of MV1 stated she and the 2nd vehicle put on their flashes and were going to meet at the Bertucci's, 275 Centre Street to exchange paperwork. Operator of MV1 stated when she pulled into Bertuccis the operator of the 2nd vehicle continued on Centre Street northbound toward Watertown street. Operator of MV1 stated she and the passenger were not injured. MV1 had minor damage to the rear passenger side of the vehicle. Operator of MV1 stated the 2nd vehicle was a black SUV, no further description was provided. Prior to clearing I checked the area for the vehicle with negative results.

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

SEAN STAKE NEWTON POLICE DEPT 01/04/2020

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

CDP1 11 24:00