

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/06/2020		Time of Crash 07:17 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:							
<div><div><div>EAST</div><div>EXIT RAMP MASS PIKE E/B</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>CENTRE AVE</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></div></div> <div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>						9							
						10							
						11							
						12							
<div><div><input checked="" type="checkbox"/> Vehicle 1 1 #Occupants</div><div><input type="checkbox"/> Hit/Run</div><div><input type="checkbox"/> Moped</div><div>Case Number 2000000018</div></div>													
<div><div><div>License # --- St HI DOB/Age ---</div><div>Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment</div><div>Operator MAU MAINOA</div><div>Address 47-55 HAKUHALE ST</div><div>City KANEOHE State HI Zip 96744</div><div>Insurance Company SELF INSURED</div><div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div><div>Citation # (If Issued)</div><div>Violation 1: Ch Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div><div><div>Reg # KYB 8070 Reg Type PAN Reg State TX</div><div>Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20</div><div>Owner PV HOLDINGS CO</div><div>Address 375 MCCLUELLAN H-WAY</div><div>City E BOSTON State MA Zip 02128</div><div>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23</div><div>Driver Contributing Code 1 24 24</div><div>Underride/Override 25 Towed N</div></div></div> <div><div>10 Undercarriage</div><div>5 11 Totaled</div><div>6</div></div>						13							
<div><div>Please fill out for operator and all occupants involved</div><div><div>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</div><div>Operator See Above - - - - - 1 4 99 0 0 10 1</div></div></div>						1							
<div><div>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</div></div>													
<div><div><div>License # --- St MA DOB/Age ---</div><div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div><div>Operator BOULAY-AUDETTE KERRIE-ANN</div><div>Address 51 DEANE WAY</div><div>City WHITINSVILLE State MA Zip 01588</div><div>Insurance Company COMMERCE</div><div>Vehicle Travel Direction: N S X W Responding to Emergency? N</div><div>Citation # (If Issued)</div><div>Violation 1: Ch Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div><div><div>Reg # 5SFR30 Reg Type PAN Reg State MA</div><div>Veh Year 2012 Veh Make NISSAN Veh Config. 1 20</div><div>Owner (Same as operator)</div><div>Address</div><div>City State Zip</div><div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23</div><div>Driver Contributing Code 5 24 24</div><div>Underride/Override 25 Towed N</div></div></div> <div><div>10 Undercarriage</div><div>5 11 Totaled</div><div>6</div></div>						13							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Ave

Unit 1

Unit 2

mass pike off ramp east

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:

On January 6th, 2020 at approximately 07:30 hours while working N491 I responded to a two car mv crash that occurred on Centre Ave at the Mass pike exit e/b side.

On my arrival I spoke with driver #1 who stated he just came off the mass pike exit ramp onto Centre Ave when he was rear ended by mv #2.

Driver #2 stated she was behind vehicle #1 on the exit ramp to the mass pike and when vehicle #1 pulled out into the intersection she followed him out at the same time looking to her left for on coming traffic not seeing that vehicle #1 had stopped in front of her causing her to crash into his rear drivers side.

There were no injuries or tows for this crash.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

01/06/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date