

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/08/2020		Time of Crash 13:19 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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	
1 1	WASHINGTON ST												2
	Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							10
	MASS PIKE OFF RAMP/WEST					Feet [N][S][E][W] of _____ of _____ or _____ Mile Marker _____ Exit Number _____							
2 2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					Feet [N][S][E][W] of _____ of _____ Route# _____ Intersecting Roadway/Street _____							11
	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Feet [N][S][E][W] of _____ of _____							4
						Landmark _____							
3	<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000024						
	License # _____ St MA DOB/Age _____					Reg # 6RZ365 Reg Type PAN Reg State MA							
	Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement _____					Veh Year 2016 Veh Make VOLK Veh Config. 1 20							
4 3	Operator MCCARRON ELIZA G Last First Middle					Owner MCCARRON ROBERT Last First Middle							12
	Address 18 UPLAND RD					Address 18 UPLAND RD							
	City WELLESLEY State MA Zip 02482					City WELLESLEY State MA Zip 02482							
5 1	Insurance Company SAFETY					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: [N][S][E][X] 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 5 11 Totaled							
6 1	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 99 24 24							
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed Y							
7 3	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 ----- F 3 1 4 4 0 0 10 1												
8 4	PUOPOLO, SOPHIA ----- F 3 1 4 4 0 0 10 1												
9 3	Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 2 #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 # 175VT6 Reg Type PAN Reg State MA							
	Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement _____					Veh Year 2013 Veh Make TOYT Veh Config. 2 20							
10 4	Operator CHOKLER ALEKSANDR Last First Middle					Owner (Same as operator) Last First Middle							
	Address 160 STANTON AVE (apt. 515)					Address _____							
	City NEWTON State MA Zip 02466					City _____ State _____ Zip _____							
11 4	Insurance Company SAFECO					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: [N][S][E][X] 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 5 11 Totaled							
12 4	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 99 24 24							
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed Y							
13 4	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/Non-Motorist See Above ----- F 3 1 4 4 0 0 10 1												
14 4	CHOKLER, GALINA 160 STANTON AVE (apt 515) NEWTON, MA 02466 ----- F 3 1 4 4 0 0 10 1												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 1
Unit 2
Mass Pike Off Ramp
Washington Street

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 that she was traveling west on Washington St in the right hand lane when MV#2 crashed into her MV.

The operator of MV#2 stated they were also traveling west on Washington St when MV#1 entered his travel lane.

No injuries, no tows.

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

GEORGE M CLAFLIN

NEWTON POLICE DEPT

01/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date