

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/10/2020	Time of Crash 09:23 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
CARLSON AVE											2
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				10
EAST DEDHAM ST											
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet N S E W of _____				11
Route# Direction Name of Intersecting Roadway/Street							Feet N S E W of _____				4
Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000038		
License # --- St MA DOB/Age ---			Reg # R84796 Reg Type CON Reg State MA			Veh Year 2017 Veh Make CHEVY Veh Config. 2			20		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make CHEVY Veh Config. 2			Owner ROOF AND CONTRA VIOLA			12		
Operator ONEILL BRIAN FRANCIS			Owner ROOF AND CONTRA VIOLA			Address 103 SHRINE RD			1		
Address 6 LANDMARK DR			Address 103 SHRINE RD			City NORWELL State MA Zip 02061					
City METHUEN State MA Zip 01844			City NORWELL State MA Zip 02061			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INS.			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed N			Diagram			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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											1
Operator See Above											
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 # 7LEZ70 Reg Type PAS Reg State MA			Veh Year 2016 Veh Make MAZDA Veh Config. 1			20		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make MAZDA Veh Config. 1			Owner CHASE BANK JP MORGAN			1		
Operator OSEF DALE			Owner CHASE BANK JP MORGAN			Address BX 901098			13		
Address 369 WALNUT ST			Address BX 901098			City FT WORTH State TX Zip 76101					
City NORTH ADAMS State MA Zip 01247			City FT WORTH State TX Zip 76101			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE INS.			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 3 24 24		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed N			Diagram			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) T2013424											
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved											
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:**

**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:**

Veh #1 stated he was traveling due East on Dedham St when veh #2 pulled out of the "left turn only" lane and struck his drivers side. This pushed him into the curb flattening his passenger side front tire.

Slight/moderate damage to veh #1 drivers side.

Veh #2 stated he was traveling East on Dedham St when he realized he was in the wrong lane .He then tried to pull into the right lane when he collided with veh # 1. Slight/ moderate damage to veh #2 passenger side .

Operator of veh#2 was cited in hand Mass #T2013424 for Ch89/ Sec4a-Unsafe lane change. Both vehicles were driven from the scene.

**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

**ZACHARY S RAYMOND**      **NEWTON POLICE DEPT**      **01/10/2020**

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

CDP1 11 -24:00