

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/13/2020	Time of Crash 15:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:				
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WOODWARD ST							2 9	
WEST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			CARVER RD							2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ of _____ or _____ Mile Marker _____ Exit Number _____							11 3	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							11 3	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000046		
License # _____ St MA DOB/Age _____			Reg # 6XH663			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Veh Year 2007			Veh Make TOYOTA			Veh Config. 1 20		
Operator DENNINGER GRACE Last First Middle			Owner HALEY HELEN Last First Middle			Address 104 CARVER RD			City NEWTON State MA Zip 02465		
Address 104 CARVER RD			Address 104 CARVER RD			City NEWTON State MA Zip _____			Insurance Company AMICA MUTUAL INSURANCE		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 4 21			11 Totaled		
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 See Above			HALEY, HELEN 104 CARVER RD NEWTON, MA		
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			13 1		
License # _____ St MA DOB/Age _____			Reg # 1DL839			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015			Veh Make SUBARU			Veh Config. 1 20		
Operator COVIL ROSEMARIE Last First Middle			Owner (Same as operator)			Address _____			City _____ State MA Zip 02072		
Address 82 HAYNES RD			Address _____			City _____ State _____ Zip _____			Insurance Company SAFETY INSURANCE		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 3 24 97 24			Underride/Override 25 Towed N		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 1 21			11 Totaled		
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			Operator/Non-Motorist See Above		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Carver Rd

Unit 2

P.O.I.

Unit 1

Woodward 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:

MV 1 was turning left (traveling west) from Woodward St onto Carver Rd when she struck the right passenger side of MV 2. MV 2 was passing on the left north on Woodward St when MV 1 struck the right passenger side of MV 2.

MV 1 sustained minor damage to the front left end. MV 2 sustained minor damage to the right rear end. There were no injuries to either party.

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

DONALD MURPHY

NEWTON POLICE DEPT.

01/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date