Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
01/13/2020	17:26 24HR	NEWTON	2	0	25	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 4

Route# EAST Direction COMMONWEALTH AVE Name of Roadway/Street

At

Route# NORTH Direction LEXINGTON ST Name of Intersecting Roadway/Street

Also at Intersection with

2 1

Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 9

Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number

2 10

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 11

☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2000000047

License # --- St MA DOB/Age -- -- ---- Reg # 955ML2 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2015 Veh Make FORD Veh Config. 1 20

4 3

Operator ANGEL (Last) BRITTANY (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

1 12

Address 479 HARTFORD AVE (apt. 1) Address

City BELLINGHAM State MA Zip 02019 City State Zip

Insurance Company SAFETY INS Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

5 1

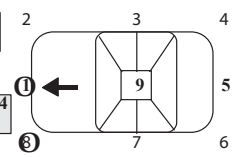
Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

6 2

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved

1 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	1	99	0	0	10	1	

7 2

Please Select One of the Following: ☒ Vehicle 2 1 # Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 996YH3 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2017 Veh Make NISSAN Veh Config. 1 20

8 1

Operator KELLEY (Last) KARA (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address 86 ALBERT RD Address

City NEWTON State MA Zip 02466 City State Zip

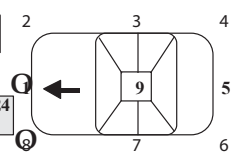
Insurance Company COMMERCE INS Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: ☒ S E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

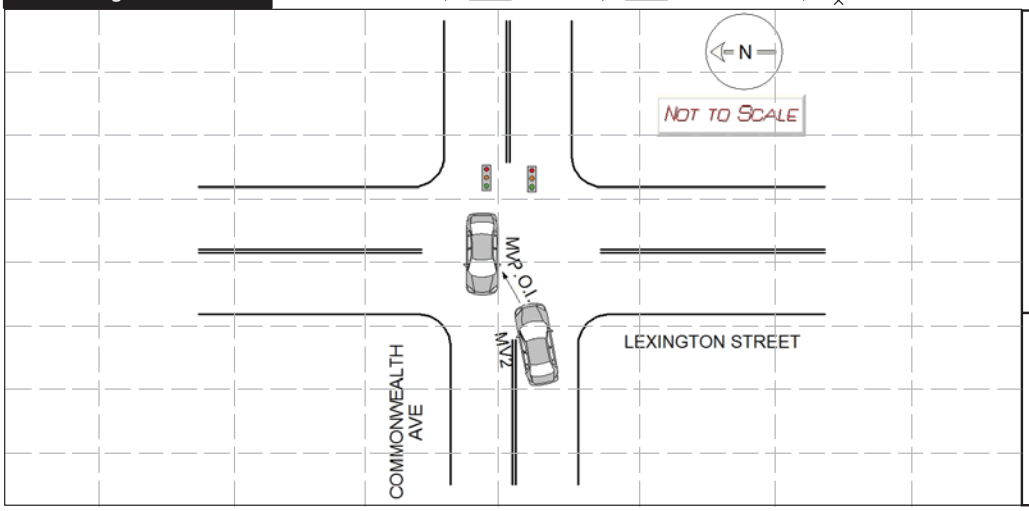
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -	1	4	99	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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 she had a green light and was traveling Eastbound On Commonwealth Ave. when she was struck by MV2 attempting to turn left onto Lexington St. from Commonwealth Ave in the Westbound turn lane. Operator of MV2 stated she had a green light and was attempting to take a left from the Westbound lane on Commonwealth Ave. to head Northbound on Lexington St. when she collided with MV1. MV1 sustained heavy left front end damage. MV2 sustained heavy left front end damage. No injuries. Tody's towed both vehicles involved. A towed motor vehicle form was filled out for both vehicles and placed on file.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

JUSTIN MARCH		NEWTON POLICE DEPARTM			01/13/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00