

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																		
Date of Crash 01/15/2020	Time of Crash 15:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____																																																																
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:																																																																				
<div>11</div> <div>NORTH EDDY ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>EAST WATERTOWN ST</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>29</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>																																																																						
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42 <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div> <div>Operator RIGOLI KAYLA</div> <div>Address 29 BRIDGE ST</div> <div>City NEWTON State MA Zip 02458</div> <div>Insurance Company USAA CASUALTY</div>			12 <div>Reg # 78S130 Reg Type PAN Reg State MA</div> <div>Veh Year 2004 Veh Make NISSAN Veh Config. 1 20</div> <div>Owner ADLER ELIZABETH</div> <div>Address 29 BRIDGE ST</div> <div>City NEWTON State MA Zip 02458</div> <div>Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22 2 3 4</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div>Diagram: 10 Undercarriage, 5 11 Totaled</div>																																																																						
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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
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			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000054	
License # --- St MA DOB/Age ---			Reg # 458VX5 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008 Veh Make VOLVO Veh Config. 1 20							
Operator NEAL III FRANK G			Owner (Same as operator)							
Address 44 WILDWOOD AVE			Address _____							
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company GARRISON PROPERTY & CASUALTY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N S X W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			-----			1 4 99 0 0 10 1				
Please Select One of the Following:			<input type="checkbox"/> Vehicle # 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 --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---							
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year --- Veh Make --- Veh Config. 20							
Operator ---			Owner ---							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
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→ 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:

MV1 stated she stopped at the stop sign on Eddy St then attempted to turn left on to Watertown St when MV2 "hit me." MV1 sustained heavy passenger side damage and was removed from the scene by Tody's Towing.

MV2 stated he was travelling w/b down Watertown St when MV1 "cut in front of me and I couldn't stop in time" subsequently striking MV1 causing minor damage. After contact with MV1, MV2 spun and struck MV3 who was travelling e/b on Watertown St causing front end damage. MV2 was removed from the scene by Export Towing & MV3 was removed by Tody's Towing.

All parties were evaluated by Cataldo Ambulance who cleared with patient refusals.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
COX, EMILY, A	15 PAMELA CT NEWTON, MA 02466	-----	Y

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

GREGORY P HELMS

NEWTON POLICE DEPT.

01/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date