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	Latitude	Longitude	
01/15/2020	21:32 24HR	NEWTON	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

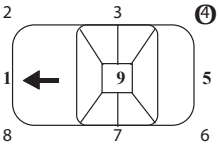
1 / 4 — Route# NORTH Direction GROVE ST Name of Roadway/Street
At
Route# EAST Direction WASHINGTON ST Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction Name of Intersecting Roadway/Street

9 / 2 — Route# Direction Address # Name of Roadway/Street
10 / 2 — Feet N S E W of Mile Marker or Exit Number
Feet N S E W of Route# Intersecting Roadway/Street
11 / 2 — Feet N S E W of Landmark

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000055

License # --- St MA DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
4 / 1 — Operator SCHONER (Last) BERND (First) (Middle)
Address 108 AUBURN ST
City CAMBRIDGE State MA Zip 02139
Insurance Company COMMERCE
5 / 1 — Vehicle Travel Direction: ☒ S E W Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 3BGE40 Reg Type PAN Reg State MA
Veh Year 2005 Veh Make TOYT Veh Config. 1 20
12 / 1 — Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 4 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

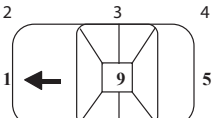
13 / 1 — Please fill out for operator and all occupants involved

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

7 / 3 — 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 -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment
8 / 2 — Operator POIRIER (Last) CHRISTOPHER (First) (Middle)
Address 82 RAYNOR ST
City LOWELL State MA Zip 01851
Insurance Company COMMERCE
Vehicle Travel Direction: N S ☒ W Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 1VFR10 Reg Type PAN Reg State MA
Veh Year 2012 Veh Make KIA Veh Config. 1 20
Owner POIRIER (Last) WALTER (First) (Middle)
Address 82 RAYNOR ST
City LOWELL State MA Zip 01851
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 19 24 24
Underride/Override 25 Towed Y
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
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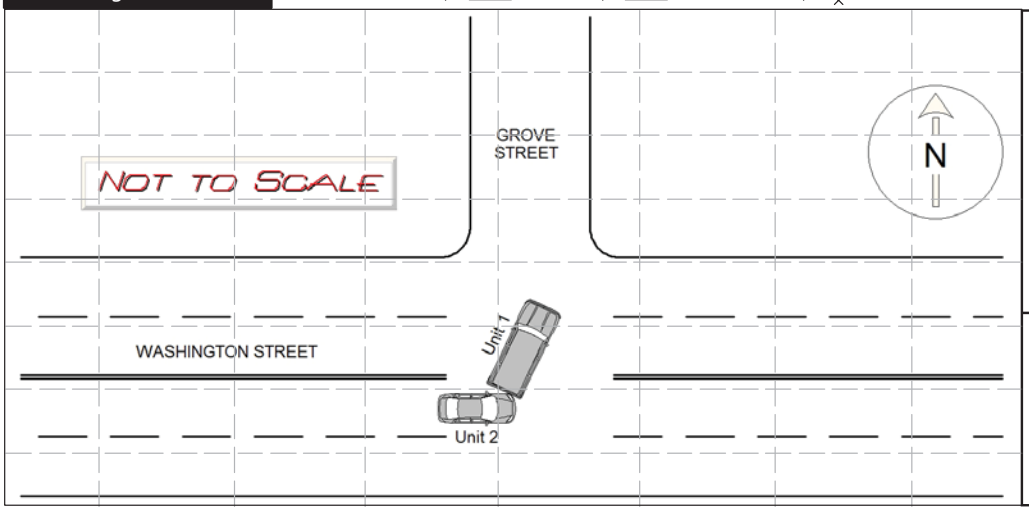
Please fill out for operator and all occupants involved

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	--------	---	---	99	4	4	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:

The Operator of vehicle 1 stated he was stopped on Washington Street at Grove Street to take a left turn onto Grove Street. While he was sitting there, waiting for cars to pass going the other direction he was ht by vehicle 2 in the rear passenger side.

The Operator of vehicle 2 stated he was traveling East on Washington Street when he crashed into vehicle 1 which was stopped in the middle of the road. He stated by the time he saw the vehicle it was too late to avoid a collision.

The crash caused minor damage to the bumper of vehicle 1 and major front end damage to vehicle 2.

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]

THOMAS BANNON			NEWTON POLICE DEPARTM		01/15/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00