

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/04/2020	Time of Crash 12:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
PERKINS ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Exit Number							
WASHINGTON ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of							
Also at Intersection with			Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000123			
License # --- St MA DOB/Age ---			Reg # 28XZ15		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2006		Veh Make HONDA		Veh Config. 2 20			
Operator SCRANTON CHRISTOPHER S			Owner (Same as operator)							
Address 101 LOKER ST			Address							
City WAYLAND State MA Zip 01778			City		State		Zip			
Insurance Company AMICA MUTUAL INSURANCE			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		2		4			
Citation # (If Issued)			Most Harmful Event 1 23		1		10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		8		5 11 Totaled			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		6					
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 2 99 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 1BH952		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2009		Veh Make CHEVY		Veh Config. 2 20			
Operator BROWN ERIC G			Owner (Same as operator)							
Address 25 TEELE AVE (apt. 2)			Address							
City SOMERVILLE State MA Zip 02114			City		State		Zip			
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 6 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		2		4			
Citation # (If Issued)			Most Harmful Event 1 23		1		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 99 0 0 10 1			
MOORE, TARA			25 TEELE AVE (apt 2) SOMERVILLE, MA 02144		-----		F 3 99 4 99 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

On the above date/time I responded to the area of Washington Street and the Mass pike on ramp for a report of a two motor vehicle crash.

Upon arrival I spoke with the operator of vehicle one Mr. Scranton, he stated he is very familiar with the area and travels this route almost every day. He stated he was traveling east on Washington Street he observed he had a green traffic signal. He stated he continued east to go onto the Mass pike when vehicle two struck his drivers side of the vehicle.

I spoke with the operator of vehicle two Mr. Brown, he stated he was traveling over the Washington Street bridge and traveling around the bend. He stated he was unsure of the color of the traffic signal while traveling. He stated he did not observe vehicle one until impact.

(Continued on next page)

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:

Carrier Name _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

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

Registration # _____ (From Vehicle Section)

Carrier Issuing Authority Code 35

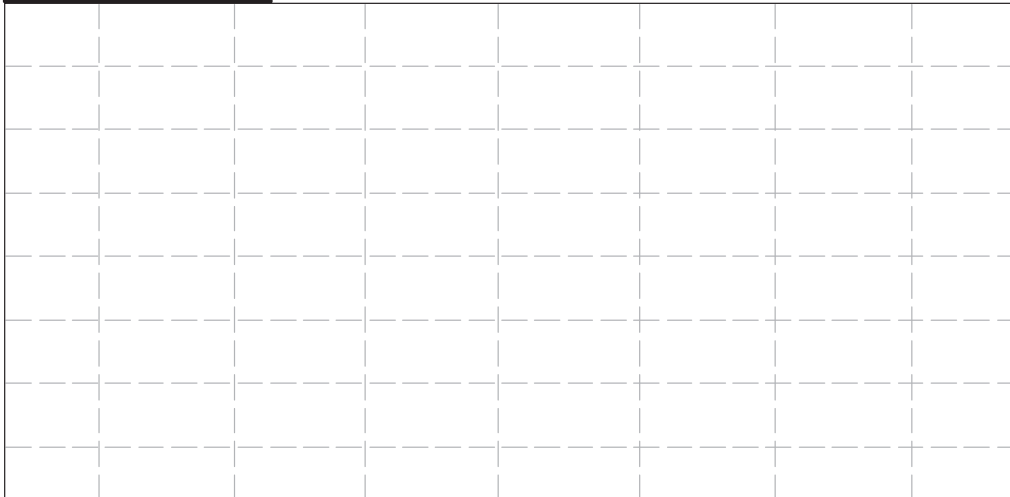
36

39

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

Passenger in vehicle two Ms. Moore stated they were traveling around the bend on Washington St., she did not observe the traffic signal and while continuing through the intersection she observed vehicle one at the last second and braced for impact.

All parties were evaluated by Medics with patient refusals, they had no injuries at this time but were advised if they feel different later. Both vehicles towed by Tody's towing. All paperwork for towed vehicles were filled out and scanned.

All parties advised of the process.

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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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

02/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date