

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/08/2020		Time of Crash 09:54 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:						9	
Route# Direction Name of Roadway/Street At				EAST CENTRE AVE		Route# Direction Address # Name of Roadway/Street						2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker Exit Number		Feet N S E W of PARK ST						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of		Route# Intersecting Roadway/Street						3	
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 2000000135							
License # --- St MA DOB/Age ---				Reg # 9LJC20 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20									
Operator MEREUS-BLAISE FRANCOISE				Owner (Same as operator)								12	
Address 16 BEVERLY HILL				Address									
City CANTON State MA Zip 04561				City State Zip									
Insurance Company ARBELLA MUTUAL				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		Event Sequence 1 22 22 22 22							
Citation # (If Issued)				Most Harmful Event 1 23		Most Harmful Event 1 23							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N		Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved												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						1	
Operator See Above				-----		1 4 99 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St DOB/Age ---				Reg # Reg Type PAN Reg State MA									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make HONDA Veh Config. 1 20									
Operator Last First Middle				Owner Last First Middle									
Address				Address									
City State Zip				City State Zip									
Insurance Company				Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)							
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Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N		Underride/Override 25 Towed N							
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				-----		-----							

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of light gray dashed lines forming squares. There are 8 columns and 6 rows of squares. A solid black border is visible around the edges of the page.

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 further reported that vehicle #2 had noticeable damage to his drivers side front. A bolo was given out to Boston PD.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS J MCCARTHY

NEWTON POLICE DEPARTMENT

02/08/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____