



## Commonwealth of Massachusetts

| Police Use Only  |                                |                     | Motor Vehicle Crash Police Report  |                     |  |   | RMV Document Number  |  |  |    |  |
|--|--------------------------------|---------------------|--|---------------------|--|---|----------------------|--|--|----|--|
| Date of Crash<br>02/15/2020  | Time of Crash<br>20:34<br>24HR | City/Town<br>NEWTON | Number Vehicles<br>2   | Number Injured<br>0 | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: _____ |                      |  |  |    |  |
| AT INTERSECTION:   |                                |                     | < LOCATION >   |                     |  |   | NOT AT INTERSECTION: |  |  |    |  |
| 1<br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____   |                                |                     | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____   |                     |  |   | 10                   |  |  |    |  |
| 2<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____   |                                |                     | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Route# _____ Intersecting Roadway/Street _____  |                     |  |   | 11                   |  |  |    |  |
| 3<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |                                |                     | _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____<br>Landmark _____  |                     |  |   |                      |  |  |    |  |
| 3<br><input type="checkbox"/> Vehicle _____ #Occupants _____   |                                |                     | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |                     |  | Case Number 2000000160  |                      |  |  |    |  |
| 4<br>License # _____ St _____ DOB/Age _____<br>Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____<br>Operator _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company _____  |                                |                     | Reg # _____ Reg Type _____ Reg State _____<br>Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20<br>Owner _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4<br>Most Harmful Event <input type="checkbox"/> 23 10 Undercarriage<br>Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 11 Totaled<br>Underride/Override <input type="checkbox"/> 25 Towed _____   |                     |  |   |                      |  |  | 12 |  |
| 5<br>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | 6<br>Please fill out for operator and all occupants involved<br>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<br>Operator See Above ----- - - - -<br><br><br><br>  |                     |  |   |                      |  |  | 13 |  |
| 7<br>Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants _____  |                                |                     | <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17   |                     |  | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped   |                      |  |  |    |  |
| 8<br>License # --- St MA DOB/Age ---<br>Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____<br>Operator FITZGERALD CASEY SUSAN<br>Address 6 REDMOND AVE<br>City NORTH READING State MA Zip 01864<br>Insurance Company SAFETY<br>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                                |                     | Reg # 735670 Reg Type PAN Reg State MA<br>Veh Year 2011 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20<br>Owner _____ Last _____ First _____ Middle _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4<br>Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 10 Undercarriage<br>Driver Contributing Code <input type="checkbox"/> 4 <input type="checkbox"/> 24 <input type="checkbox"/> 3 <input type="checkbox"/> 24 5 11 Totaled<br>Underride/Override <input type="checkbox"/> 25 Towed Y |                     |  |   |                      |  |  |    |  |
| Please fill out for operator and all occupants involved<br>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<br>Operator/Non-Motorist See Above ----- - - - -<br><br><br><br>  |                                |                     |  |                     |  |   |                      |  |  |    |  |

→ 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:**

Vehicle #1 was traveling north on Parmenter Rd. approaching Dana Rd.

Vehicle #2 was traveling east on Dana Rd. approaching Parmenter Rd.

Vehicle #2 failed to come to a complete stop at the stop sign at the corner of Dana and Parmenter Rd.

Vehicle #2 failed to yield to oncoming traffic and failed to yield to Vehicle #1 who had the right of way.

Vehicle #1 collided with the passenger side of Vehicle #2.

Both Vehicles suffered minor damage and did not need tows due to the accident.

The operator of vehicle #2 admitted to failing to stop at the stop sign.

Neither driver was injured.

(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:**

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

|  |
|--|
| Crash Narrative:   |
| The operator of vehicle #2 was cited with: (Citation #T2080768 / T2080768)                   |
| MGL 90/24/F OUI Drugs  |
| MGL 89/9 Stop Sign Violation   |
| MGL 89/8 Fail to Yield to oncoming traffic   |
| MGL 90/24/O MV, Reckless operation of a MV   |
| MGL 94C/34/I Possession of Class E   |
| Vehicle #2 was towed from the scene by Tody's due to the operator being placed under arrest. |
|  |
|  |

| Property Damage:            |         |         |         |                                 |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

|                                    |           |            |                     |                   |            |
|------------------------------------|-----------|------------|---------------------|-------------------|------------|
| KEVIN DONOVAN                      |           |            | NEWTON POLICE DEPT. |                   | 02/15/2020 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department          | Precinct/Barracks | Date       |
| CDP1 11:24:00                      |           |            |                     |                   |            |