

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/17/2020		Time of Crash 19:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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		
NORTH BRIDGE ST												2		
Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street						10		
SOUTH CALIFORNIA ST						Feet N S E W of _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of _____ Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark						3		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000164								
License # --- St MA DOB/Age ---				Reg # 8BP213		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2014		Veh Make MAZD		Veh Config. 1 20						
Operator PEARCE NICHOLAS				Owner PEARCE HEIDI									12	
Address 120 PLEASANT ST (apt. 201)				Address 3 DOVE LN										
City WATERTOWN State MA Zip 02472				City ANDOVER State MA Zip 01810										
Insurance Company GOVERNMENT EMPLOYEE INS				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 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 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		0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 UNKNOWN		Reg State XX						
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year		Veh Make UNKNOWN		Veh Config. 13 20						
Operator UNKNOWN UNKNOWN				Owner (Same as operator)										
Address				Address										
City State Zip				City State Zip										
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 11 Totaled								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 10 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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				-----		---		99 99 99 0 0 99 99						

→ 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:

Opr of V1 was stopped on Bridge Street waiting for the traffic light to turn green. Opr of V1 observed a black SUV taking a right hand turn off of California Street on to Bridge Street. Opr of V1 stated the unknown SUV took the turn too wide, made contact with his vehicle, and took off towards Watertown, MA. V1 sustained damage to the entire left side. V1 was not towed. Opr of V1 was not injured. I canvassed the area with negative results.

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

DANIEL ANDERSON	32456	NEWTON POLICE DEPART	02/17/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00