

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/22/2020	Time of Crash 10:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	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:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000177	
License # --- St MA DOB/Age ---			Reg # 7NY785 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Owner MARMOREK KATHLEEN			Address 143 HOMER ST				
Operator ST. MARTIN EMILY			City NEWTON CENTRE State MA Zip 02459			Vehicle Action Prior to Crash 2 21				
Address 853 BEACON ST			City NEWTON State MA Zip 02459			Damaged Area Code: (Circle Up to Three)				
Insurance Company STANDARD FIRE			Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			10 Undercarriage 5 11 Totaled				
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			Operator/Non-Motorist See Above				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Operator/Non-Motorist			Operator/Non-Motorist				
License # --- St DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner ---			Address ---				
Operator ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21				
Address ---			City --- State --- Zip ---			Damaged Area Code: (Circle Up to Three)				
Insurance Company ---			Vehicle Travel Direction: N S E W Responding to Emergency? ---			Event Sequence 22 22 22 22				
Citation # (If Issued) _____			Most Harmful Event 23			Driver Contributing Code 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed ---			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Operator/Non-Motorist				
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist			Operator/Non-Motorist				
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist				
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist				
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist				

→ 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:

Mv#1 operator stated she was travelling on Walnut St N/B and looked to her left at a house for sale. #1 stated at that time she rear ended Mv#2 that was stopped in traffic ahead of her. #1 sustained heavy front end damage and was towed by AAA.

Mv#2 operator stated he was travelling on Walnut St N/B and slowed to a stop for Mv#3 which came to a stop in front of him for a pedestrian crossing Walnut St at Hillside Rd. #2 stated at that time he was rear ended by #1 and was pushed forward into #3. #2 sustained significant rear end damage and appeared to sustain no damage to the front end. #2 was able to be driven away.

Mv#3 operator stated she was travelling on Walnut St N/B at Hillside Rd and slowed to a stop for a pedestrian crossing Walnut St. #3 stated at that time she was rear ended by #2. #3 appeared to sustain no damage to the

(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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	02/22/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
CDP1 11 -24:00			Date

[illegible]

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

ADAM D GABRIEL		25117	NEWTON POLICE DEPTA	02/22/2020	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					