

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/06/2020		Time of Crash 13:44 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 _____				WEST 411 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ ADAMS ST Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000221			3
License # --- St RI DOB/Age ---				Reg # JO-980		Reg Type PAN		Reg State RI		12			
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2006		Veh Make HONDA		Veh Config. 2 20		1			
Operator STEFFENS THOMAS E				Owner (Same as operator)		First _____ Middle _____		Last _____		1			
Address 28N HILLVIEW DR				Address _____		First _____ Middle _____		Last _____		1			
City NARRAGANSETT State RI Zip 02882				City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		13			
Insurance Company GEICO				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y		1	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		1			
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 _____		13	
Operator				See Above		-----		--- 1 4 99 0 0 10 1		Medical Facility _____		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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		1	
License # --- St MA DOB/Age ---				Reg # 2VV614		Reg Type PAN		Reg State MA		13			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make CHEV		Veh Config. 2 20		1			
Operator DAILEY MICHAEL R				Owner (Same as operator)		First _____ Middle _____		Last _____		1			
Address 351 ELLIOT ST				Address _____		First _____ Middle _____		Last _____		1			
City NEWTON State MA Zip 02466				City _____ State _____ Zip _____		Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)		13			
Insurance Company COMMERCE				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 18 24 24		Underride/Override 25 Towed N		1	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		1			
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 _____		13	
Operator/Non-Motorist				See Above		-----		--- 1 4 99 0 0 10 1		Medical Facility _____		1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

VILLAGE BANK #411

WATERTOWN ST

Unit 2

Unit 1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

Crash Narrative:

Operator #1 stated he was driving w/b on Watertown St just passing the Village Bank, #411 Watertown St when vehicle #2 backed out of the Village Bank parking lot causing the crash. Operator #1 later stated his view was blocked by a truck parked on Watertown St in front of the bank thus he never saw vehicle #2 backing out from the parking lot.

Operator #2 stated he was attempting to back out from a parking space at #413 Watertown St when his vehicle was hit by vehicle #1 as he got out onto Watertown St.

Operator #2 further reported that his view was obstructed by a truck that was parked facing west on Watertown St in front of the Village Bank. He never saw vehicle #2 coming as he was backing out onto Watertown St.

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

THOMAS J MCCARTHY **NEWTON POLICE DEPT** **03/06/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00