

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/01/2020	Time of Crash 12:12 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
<div>WEST COURT ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH BEACH STREET</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000253		
License # --- St MA DOB/Age ---			Reg # S76154 Reg Type COMM Reg State MA			Veh Year 2004 Veh Make FRHT Veh Config. 6 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner PATERSON COONTRACTING			Address 5 MEGAN COURT					
Operator NEVES EVERTON			City MALDEN State MA Zip 02148			City MENDON State MA Zip 01756					
Insurance Company PROTECTIVE INSURANCE CO			Vehicle Action Prior to Crash 10 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			Most Harmful Event 1 23			10 Undercarriage		
Citation # (If Issued) T2079514			Driver Contributing Code 97 24 24			Underride/Override 25 Towed Y			5 11 Totaled		
Violation 1: Ch 003 Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---			Reg # 4WA446 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make HONDA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Owner (Same as operator)			Address					
Operator JI BIN			City NEWOTN State MA Zip 02454			City State Zip					
Insurance Company GEICO			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			10 Undercarriage		
Citation # (If Issued) T2079515			Driver Contributing Code 97 24 24			Underride/Override 25 Towed Y			5 11 Totaled		
Violation 1: Ch 003 Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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#2 was turning left, from Beach Street to Court Street when it was struck by MV#1.

- Op Mv#1 stated he had finished making a delivery on Court Street and was backing up to go up Beach street in order to finish his route. He stated MV#2 turned left from Beach street on to Court Street and that is when MV#1 struck MV#2.

Op MV#2 stated he was returning from the store with groceries. He told me that he came down Beach Street with the intentions of parking by the sidewalk in front of his apartment complex and off load groceries; he would then go around the block and park in the lot behind the complex. He stated that as he was making the left turn MV#1 back up and hit him.

-I observed no damage to the loading gate of MV#1. I observed heavy damage to the front bumper, side panel,

(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

DAVID A. CALDERON      NEWTON POLICE DEPT      04/01/2020

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

CDP1 11 -24:00

→ 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:

and wheel well of MV#2. I also observed the No Left turn and One Way Only sign posted at the intersection of Court and Beach Street.

There were no injuries reported at the scene and neither vehicle was towed. Op Mv#1 was cited (cit#T2079514) failure to use care and OpMv2 (cit#T2079515) making a left turn were prohibited.

#### 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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

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

DAVID A. CALDERON

NEWTON POLICE DEPT.

04/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date