

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/13/2020	Time of Crash 11:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 20 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:					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N][S][E][W] of _____ • _____ or _____ Exit Number _____ _____ Feet [N][S][E][W] of _____ _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
3 <input checked="" type="checkbox"/> Vehicle 3 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000261										
4 License # _____ St _____ DOB/Age _____ Reg # 1AMC30 Reg Type PAN Reg State MA Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2004 Veh Make HONDA Veh Config. 2 20 Operator _____ Last _____ First _____ Middle _____ Owner WITTY SEAN M Address _____ Address 7 HAY RD City _____ State _____ Zip _____ City NEWTON State MA Zip 02459 Insurance Company GEICO Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)										
5 Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled							
6 Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										
Operator See Above										
7 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										
8 License # _____ St _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 20 Operator _____ Last _____ First _____ Middle _____ Owner _____ Last _____ First _____ Middle _____ Address _____ Address _____ City _____ State _____ Zip _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ 10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										
Operator/Non-Motorist See Above										

→ 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:

The operator of MV1 (MA Reg: S35483) stated he was pulling out of a driveway onto Court St. MV1 stated the he did not see MV2 driving down Court St. It should be noted that Court St is a one way road.

The operator of MV2 (NH Reg: GUS-BUS) stated he was driving eastbound on Court St when MV1 pulled out of a driveway in front of him. MV2 stated that MV1 did not stop to make sure the road was clea. MV2 stated that he tried to avoid MV1 but could not, due to him pulling out so quickly.

MV3 (MA Reg: 1AMC30) was parked legally and unoccupied during the accident. MV3 was stuck by MV1 after the initial collision.

MV1 sustained front end and passenger side damage. MV2 sustained passenger front tire and fender damage. MV3 sustained drivers side and front end damage. All parties involved declined medical attention.

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

ANDREW SCOTT VELLO

NEWTON POLICE DEPART

04/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date