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|--|--|----------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|--|------------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 04/20/2020 | | Time of Crash 21:14 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 35 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><div>NORTH</div><div>EDDY ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WATERTOWN ST</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> | | | | <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></div> | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 200000269 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 6JT581 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | | Veh Year 2012 Veh Make JEEP Veh Config. 2 20 | | | | | | | | | |
| Operator KEHOE COLIN Last First Middle | | | | Owner KEHOE KERRY S Last First Middle | | | | | | | | | |
| Address 11 BEECHWOOD TER | | | | Address 11 BEECHWOODTER | | | | | | | | | |
| City WELLELEY State MA Zip 02482 | | | | City WELLESLEY State MA Zip 02482 | | | | | | | | | |
| Insurance Company COMMERCE | | | | Vehicle Action Prior to Crash 1 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 2 3 4 | | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) | | | | Most Harmful Event 1 23 | | | | 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 | | | | | | | | | | | | | |
| 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 See Above | | | | ----- | | | | 1 4 99 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 1SYC61 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | | Veh Year 2015 Veh Make SUBARU Veh Config. 2 20 | | | | | | | | | |
| Operator DWYER JOHN Last First Middle | | | | Owner (Same as operator) Last First Middle | | | | | | | | | |
| Address 12 HEATHER LN | | | | Address | | | | | | | | | |
| City WALPOLE State MA Zip 02081 | | | | City State Zip | | | | | | | | | |
| Insurance Company COMMERCE | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) | | | | Most Harmful Event 1 23 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | | Driver Contributing Code 19 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 | | | | ----- | | | | 1 4 99 0 0 10 1 | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Watertown St

Eddy St

NOT TO SCALE

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:

MV1 stated he was travelling w/b on Watertown St when MV2 "tried to go straight across the intersection and we hit" causing minor front end damage. No injuries reported or tows required.

MV2 stated he was travelling n/b on Eddy St and "stopped at the stop sign, pulled out and got hit" causing heavy damage. No injuries reported and AAA responded for the vehicle.

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

GREGORY P HELMS NEWTON POLICE DEPT 04/20/2020

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

CDP1 11 -24:00