

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/03/2020	Time of Crash 19:33 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:							
NORTH CRAFTS ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST CALIFORNIA ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000286					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company NOT INSURED			Reg # INACTIVE Reg Type PAN Reg State MA Veh Year 2000 Veh Make AUDI Veh Config. [1][20] Owner OSTRANDER ROBERT JAMES Address 105 OAKLAND ST City MEDWAY State MA Zip 02053 Vehicle Action Prior to Crash [1][21] Damaged Area Code: (Circle Up to Three) Event Sequence [44][22][1][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [22][24][24] 5 11 Totaled Underride/Override [25] Towed Y									
Please fill out for operator and all occupants involved			13 10									
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												
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 --- Sex F Lic. Class [D][18][18] Lic. Restrictions [1][19] CDL _____ Operator BABCOCK COURTNEY P Address 16 COOLIDGE AVE City WALTHAM State MA Zip 02452 Insurance Company PLYMOUTH ROCK ASSURANCE CORP.			Reg # 7LJ354 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. [2][20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [1][21] Damaged Area Code: (Circle Up to Three) Event Sequence [10][22][22][22][22] 2 3 4 Most Harmful Event [10][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed N									
Please fill out for operator and all occupants involved			13 10									
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												

→ 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:

On 05/3/2020, at 1933 hours, I responded to the intersection of Crafts St at California St. Upon arrival I observed MV1 facing southbound on Crafts St with a spare tire partially on the front drivers side. Two men, one on a motorcycle, were beside MV1 on the sidewalk. As I approached, the man on the motorcycle fled the scene. The man remaining on scene denied any involvement with the incident. I spoke with the owner/operator of MV2 and she stated she was driving northbound on Crafts St when she observed MV1 traveling in the opposite direction with it's front end scraping the pavement. Simultaneously, a vehicle in front of her swerved out of the way from a tire rolling down the street which then struck the front passenger side of her vehicle causing damage. She pulled over, observed damage to her vehicle, then turned around to find MV1 stopped on Crafts St. facing southbound. A white male wearing a motorcycle helmet was attempting to put a

(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

→ 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:

spare tire on the front driver's side of MV1 and another male was standing with him. As she exited her vehicle, the male wearing the motorcycle helmet approached her. She requested the vehicle's insurance information but the male would not provide it and offered her money instead. Moments later as I was arriving on scene, the motorcycle fled. The license plate on MV1 (MA Reg. 116SP2) did not match the vehicle and was canceled. MV1s VIN showed the vehicles status as inactive and uninsured. Charges are pending until further investigation (see incident #20021379).

Updated on 05/07/20

Upon further investigation, Robert Ostrander, the owner of the Audi TT involved in the incident, is being cited for the following:

(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 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

ALEXANDER C SPINNEY

24734

NEWTON POLICE DEPART

05/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:
-Ch.90 Sec.23, Attaching Plates
-Ch.90 Sec.9, Unregistered MV
-Ch.90 Sec.34J, Uninsured MV
MA Uniform Citation T2080826 is being mailed to his last known address of 105 Oakland St. in Medway. The vehicle registration number on the citation (MA Reg.116 SP2) reflects the plate which was attached to the Audi. This plate is canceled to a 2014 Dodge Charger. The VIN shows the Audi's registration status has been inactive since 10/29/2019.

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

ALEXANDER C SPINNEY		24734	NEWTON POLICE DEPT		05/04/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					