

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/15/2020	Time of Crash 18:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 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>WESTELLIOT ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTHCHESTNUT 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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000294			
License # --- St MA DOB/Age ---			Reg # 8675XX		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2011		Veh Make BMW		Veh Config. 1 20			
Operator NG BETTY			Owner (Same as operator)							
Address 5 FRANCIS ST			Address							
City DOVER State MA Zip 02030			City State Zip							
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? N			Event Sequence 1 22 23 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		10 Undercarriage 5 11 Totaled	
Citation # (If Issued)			Underride/Override 25 Towed Y		Diagram					
Violation 1: Ch Sec Violation 2: Ch Sec										
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.	
Operator			See Above		---		---		27 Safety System	
									28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	
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 # 6HM424		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019		Veh Make NISSAN		Veh Config. 2 20			
Operator RANKINS ADRIANNA			Owner RANKINS MITZIE							
Address 6 COURTLAND RD (apt. 3)			Address 6 (apt. 3) COURTLAND RD							
City MATTAPAN State MA Zip 02126			City MATTAPAN State MA Zip 02126							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: XSEW Responding to Emergency? N			Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 19 24 24		10 Undercarriage 5 11 Totaled	
Citation # (If Issued) T2080748			Underride/Override 25 Towed Y		Diagram					
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec										
Violation 3: Ch Sec Violation 4: Ch Sec										
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above		---		---		27 Safety System	
									28 Airbag Status	
									29 Airbag Switch	
									30 Eject Code	
									31 Trap Code	
									32 Injury Status	
									33 Transp. Code	
									Medical Facility	

→ 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:

Based on observations, and statements made, the following occurred.

M/V#1 was the second car in line, in the westbound lane of Elliot St. The operator stopped behind a white M/V that had stopped for a red traffic light. When the light turned green, M/V#1 followed the white M/V into the intersection of Elliot St. and Chestnut St. when it was impacted by M/V#2 (which was traveling north on Chestnut St.). Based on witness accounts, M/V#2 was traveling west on Chestnut St. at a high rate of speed, and ran the red light.

The impact forced M/V#1 into a traffic light pole on the south west corner of Chestnut and Elliot St. knocking it down.

Operator #1 was treated on scene by medics, Operator #2 was transported to NWH.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WEINSTOCK, TIVEN,	24 SULLIVAN AVE NEWTON, MA 02464	-----	Y
SCHOFIELD, ERIC,	259 BISHOPSFOREST DRIVE WALTHAM, MA 02334	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON, ,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	TRAFFIC LIGHT

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

♀ Pedestrian

Ditigal pictures were taken of the damage to the vehicles, and city property. The memory card was placed into the IT beurue.

Name (Last, First, Middle)	Address	Phone #	Statement

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

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

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CDP1 11 -24:00