

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/05/2020		Time of Crash 10:29 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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>WEST CENTRE ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH WASHINGTON 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 N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000316							
License # --- St MA DOB/Age ---						Reg # 6KC172 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2008 Veh Make BMW Veh Config. 1 20							
Operator CURD EDWARD						Owner (Same as operator)							
Address 33 ATKINS ST						Address							
City BRIGHTON State MA Zip 02315						City State Zip							
Insurance Company TRAVELLERS						Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued)						Most Harmful Event 1 23							
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						13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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						1							
License # --- St MA DOB/Age ---						Reg # 9548NI Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20							
Operator SOUSA AMANDA						Owner NWW COMMITTEE I							
Address 27 ORD ST (apt. 3)						Address 1301 CENTRE ST							
City SALEM State MA Zip 01970						City NEWTON State MA Zip 02459							
Insurance Company HANOVER						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							
Citation # (If Issued)						Most Harmful Event 1 23							
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 9 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						Operator/Non-Motorist See Above --- --- 1 4 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

MASS PIKE ON RAMP WASHINGTON ST CENTRE ST

Unit 2 Unit 1

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:

The operator of MV1 (MA Reg: 6KC172) stated he was on the Centre St Bridge attempting to turn left onto Washington St. MV1 stated that he was in the 4th lane, which is a left turn or straight only lane. MV1 stated that when the light turned green he proceeded with his left turn and stayed in his lane. MV1 stated that as he was turning he was hit in the drivers side rear fender by MV2.

The operator of MV2 stated she was in the third lane which she believed was a "straight arrow" lane. MV2 stated as the light turned green she began to drive straight ahead and collided with MV1 who was in the lane to her right taking a left turn. MV2 sustained minor damage to the front passengers side bumper.

It should be noted that the accident was originally reported as a hit and run. MV1 called the police because MV2 failed to pull over. MV2 was stopped by Watertown PD and returned to the scene. MV2 stated that she did

(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

ANDREW SCOTT VELLO NEWTON POLICE DEPT 06/05/2020

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

CDP1 11 -24:00

