

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/15/2020	Time of Crash 15:59 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:					
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At WEST CHURCH STREET 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 5 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000381			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator SILVA FRANCISCO Address 15 IRENE AVE City WEBSTER State MA Zip 01570 Insurance Company GOVT EMPLOYEE			Reg # 1EXK78 Reg Type PAN Reg State MA Veh Year 2008 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 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 5 24 24 5 11 Totalled Underride/Override 25 Towed Y							
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 4 0 0 10 1							
COSTA, ELLEN 15 IRENE AVE WEBSTER, MA 01570 --- F 4 1 4 4 0 0 10 1										
COSTA, FRANCES 15 IRENE AVE WEBSTER, MA 01570 --- F 3 1 4 4 0 0 10 1										
COSTA, GABRIELLA 15 IRENE AVE WEBSTER, MA 01570 --- F 5 4 4 4 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator DAVIS ARIEL Address XX PO BOX 301919 City JAMAICA PLAIN State MA Zip 02130 Insurance Company USAA			Reg # 919TL9 Reg Type PAN Reg State MA Veh Year 2011 Veh Make BMW Veh Config. 1 20 Owner LAMBERT BRONTE Address XX POST OFFICE BOX 301919 City JAMAICA PLAIN State MA Zip 02130 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 1 11 Totalled 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 4 0 0 10 1							

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/15/2020	Time of Crash 15:59 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle <u>5</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000381		
License # --- St <u>MA</u> DOB/Age ---			Reg # <u>1EXK78</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2008</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> <u>20</u>		
Operator <u>SILVA</u> <u>FRANCISCO</u> Last First Middle			Owner _____ Last First Middle			Address _____			Address _____		
City <u>WEBSTER</u> State <u>MA</u> Zip <u>01570</u>			City _____ State _____ Zip _____			Insurance Company <u>GOVT EMPLOYEE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>5</u> <u>24</u> <u>24</u>		
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed <u>Y</u>			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
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 --- --- ---			COSTA, HENRY 15 IRENE AVE WEBSTER, MA 01570 --- M 6 4 4 4 0 0 10 1					
Operator			See Above								
COSTA, HENRY			15 IRENE AVE WEBSTER, MA 01570								
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>20</u>		
Operator _____ Last First Middle			Owner _____ Last First Middle			Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Insurance Company _____			Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>23</u>			Driver Contributing Code <u>24</u> <u>24</u>		
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed _____			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved		
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 --- --- ---								
Operator/Non-Motorist			See Above								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

Church Street

Unit 2

Unit 1

P.O.I.

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On 07/15/2020, while assigned to N494, I, Officer Conary, responded to the intersection of Centre Street at Church Street for a motor vehicle accident. Upon arrival, I spoke with Operator of MV1 who stated that he was driving Southbound on Centre Street when the car in front of him stopped suddenly at the green signal. At this time, MV1 hit MV2 rear. Operator of MV1 said that he believes she was distracted with a hand held device.

Operator of MV2 explained to me that she at the intersection of Centre Street and Church Street traveling Southbound. She got the green signal and she let the car traveling Northbound take a left turn onto Church Street before she continued through the intersection. At this time, MV2 was hit by MV1 from the rear. She stated she was not using her phone. It should be noted that the signal traveling Northbound on Centre is 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

KRISTINA CONARY NEWTON POLICE DEPT 07/15/2020

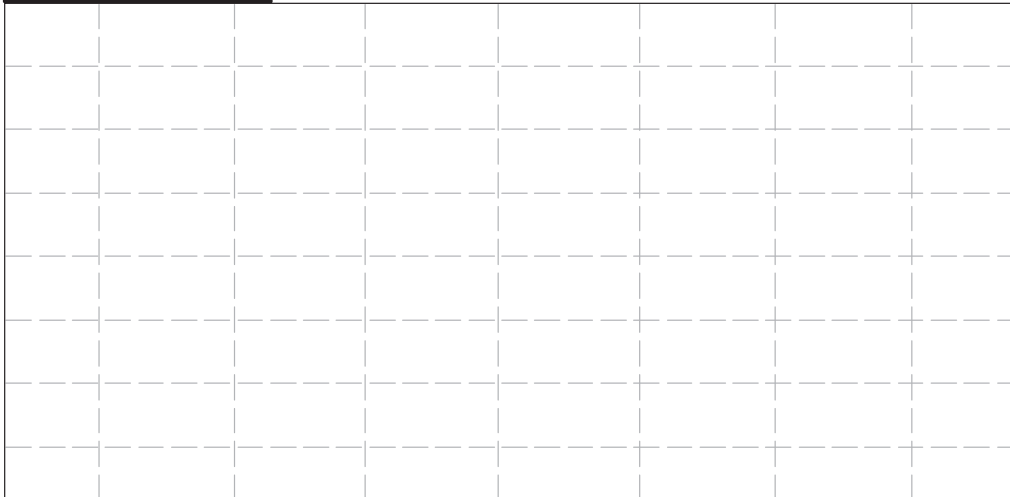
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

green left signal to turn onto Church Street. After the green arrow, cars yield to oncoming traffic to turn. Fire and Medics arrived on scene and all parties involved signed patient refusals. MV1 was towed by AAA. MV1 had minor damage to the front bumper. MV2 was able to be driven from scene with minor damage to the rear bumper. No further incident to report.

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

KRISTINA CONARY

NEWTON POLICE DEPART

07/15/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date