

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/16/2020		Time of Crash 12:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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</div> <div>BOYLSTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>WINCHESTER 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>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000384							
License # --- St MA DOB/Age ---				Reg # YASC099 Reg Type APPORT Reg State OR									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2018 Veh Make HINO Veh Config. 97 20									
Operator HOULE MICHAEL BRIAN				Owner STERICYCLE									
Address 33 MONROE AVE (apt. 2)				Address PO BOX 368									
City WORCESTER State MA Zip 01602				City NEENAH State WI Zip 54957									
Insurance Company GREENWICH INS. CO.				Vehicle Action Prior to Crash 2 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					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				8 7 6					
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 NH DOB/Age ---				Reg # 4199866 Reg Type PAS Reg State NH									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL				Veh Year 2008 Veh Make INF Veh Config. 1 20									
Operator SCHMIDT-SCHEUBE ELISABETH M				Owner SCHMIDT SCHEUBE MORITZ									
Address 33 GUTTERSON LANE				Address 33 GUTTERSON LN									
City LYNDENBOROUGH State NH Zip 03082				City LYNDENBOROUGH State NH Zip									
Insurance Company AMICA MUTUAL INS.				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					
Citation # (If Issued) T2080846				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch A7/17 Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24				5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y				8 7 6					
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									

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WINCHESTER ST

BOYLSTON ST

Unit 1

Unit 2

NOT TO SCALE

N

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:**

Veh #1 was stopped on Boylston St waiting to take a right turn on Winchester St when veh #2 hit him from behind. Minimal damage to veh #1 metal bumper.

Veh #2 was traveling West on Boylston St. when she didn't see veh#1 stopped and wasn't able to stop in time herself. Veh #2 struck veh #1 from behind. Moderate damage to veh #2 as it was leaking fluids. Veh #2 towed by Tody's Towing. Operator of veh#2 cited Mass #T2080846 in hand for Failure to Use Care in Stopping N.C.O. 19/75.

**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

ZACHARY S RAYMOND

NEWTON POLICE DEPT

07/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date