

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/16/2020	Time of Crash 17:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:					
COMMONWEALTH AVE										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____							
WASHINGTON ST			Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with			Feet N S E W of _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000386			
License # --- St MA DOB/Age ---			Reg # MV445		Reg Type PAS		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Veh Year 2008		Veh Make TOYOTA		Veh Config. 2 20			
Operator STEVENSON KATE M			Owner STEVENSON RICHARD MARTIN							
Address 118 HOMER ST			Address 118 HOMER STREET							
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459							
Insurance Company AMICA			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		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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 4 0 0 10 1		NONE			
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St MA DOB/Age ---			Reg # 958VA8		Reg Type PAS		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2013		Veh Make TOYOTA		Veh Config. 1 20			
Operator MA CHIHSHOW			Owner (Same as operator)							
Address 5 SCHOOLHOUSE LN			Address _____							
City LEXINGTON State MA Zip 02421			City _____ State _____ Zip _____							
Insurance Company ARBELLA			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		10 Undercarriage			
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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 4 0 0 10 1		NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

Commonwealth Ave

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 Thursday July 16, 2020 at approximately 1714 hours I was dispatched to 118 Homer St for a past motor vehicle accident (MVA). Newton Dispatch advised the MVA took place at Commonwealth Ave at Washington St at approximately 1400 hours.

I spoke with MV1 operator who stated she was stopped at the red light on Commonwealth Ave (west bound) at Washington St at approximately 1400 hours. Both streets are public ways. MV1 operator stated she was rear-ended by MV2. MV1 operator said she did not sustain any injuries at this time, nor did her MV sustain any damage.

MV1 operator stated she and MV2 then pulled over on the other side of Commonwealth Ave and spoke with MV2 operator. MV1 operator said MV2 operator was an Asian male, approximately 45-50 years old, with glasses and

(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:

dark hair. MV1 operator said she tried to exchange information with MV2 operator but that he did not address the issue and then left. MV1 operator said MV2 sustained minor hood damage due to MV1's hitch. MV1 operator said she was able to take a photo of MV2 registration, which she forwarded to my email.

MV1 owner stated he was not going to notify his insurance due to his MV not sustaining damage. Regardless, I advised him the procedure if he decided differently. MV1 owner was satisfied with an accident report.

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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

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Hazmat Information:

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

MARK HATFIELD

NEWTON POLICE DEPT

07/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date