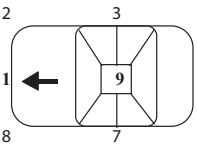
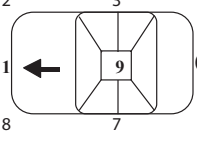


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/07/2020	Time of Crash 14:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		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: <input type="checkbox"/>				
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 349 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000431					
License # _____ St MA DOB/Age _____			Reg # 805		Reg Type PAR		Reg State MA					
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2008		Veh Make TOYT		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20					
Operator BURKE HENRY J			Owner (Same as operator)		First _____ Middle _____		Last _____					
Address 41 BOWKER RD			Address _____		First _____ Middle _____		Last _____					
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company AFETY			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23		Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 24					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? N			Underride/Override <input type="checkbox"/> 25 Towed N		Diagram: 		10 Undercarriage 11 Totaled					
Citation # (If Issued) _____			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 Sex 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 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # MF4653		Reg Type MVN		Reg State MA					
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2016		Veh Make FORD		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20					
Operator WHITE MICHAEL A			Owner CITY OF NEWTON FIRE		First _____ Middle _____		Last _____					
Address 60 MAIN ST			Address 1164 CENTRE ST		First _____ Middle _____		Last _____					
City UPTON State MA Zip 01568			City NEWTON State MA Zip 02459		Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company SELF			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23		Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? N			Underride/Override <input type="checkbox"/> 25 Towed N		Diagram: 		10 Undercarriage 11 Totaled					
Citation # (If Issued) _____			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 Sex 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:

WATERTOWN ST

Unit 1

Unit 2

437 WATERTOWN ST

→ N →

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:

Operator of vehicle #2 Henry Burke stated that on 08/07/2020 at 14:09 hours while parking his vehicle (MA reg 80S 2008 Toyota SUV) in front of 349 Watertown St the front bumper of his vehicle made contact with the rear bumper of the vehicle that was parked in front of him. Watertown St is a public way in the City of Newton. Vehicle #2 had no damage, and Burke stated that he was not injured . Operator of vehicle #1 Newton Fire Department Lt. Michael White stated that he was sitting in a NFD SUV (MA reg MV N MF4653 2016 Ford SUV) was facing west bound when vehicle #2's front bumper stuck his vehicle's rear bumper. Vehicle #1 had small scuff marks to it's rear center bumper. White stated that he was not injured and neither vehicle required 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

MICHAEL A MCSWEENEY NEWTON POLICE DEPT 08/07/2020

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

CDP1 11 -24-00

