

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/20/2020		Time of Crash 15:27 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 1897 WASHINGTON ST. Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000466			2
4				License # --- St MA DOB/Age ---		Reg # 9LR746		Reg Type PAN		Reg State MA		12	
1				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2015		Veh Make GMC		Veh Config. 2 20		1	
5				Operator PAULIK MICHAELA Last First Middle		Owner (Same as operator)		First Middle					
6				Address 44 LANGACORE RD.		Address _____		City _____		State _____ Zip _____			
				City NEEDHAM State MA Zip 02492		Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
				Insurance Company ARBELLA MUTUAL		Event Sequence 1 22 22 22 22 2		3 4		10 Undercarriage			
				Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N		Most Harmful Event 1 23		1 24 24		5 11 Totaled			
				Citation # (If Issued) _____		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____									
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
7				Please fill out for operator and all occupants involved		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				13	
1				Name (Last First Middle) Address Age/DOB Sex		Operator See Above		99 4 99 0 0 10 1				1	
8				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 # 9KV156		Reg Type PAN		Reg State MA			
				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2004		Veh Make CHEVROLET		Veh Config. 1 20			
				Operator BACON DAVID Last First Middle		Owner BACON DAVID		First Middle					
				Address 14 GRANITE RD.		Address 14 GRANITE RD.		City MEDFORD		State MA Zip 02155			
				City MEDFORD State MA Zip 02155		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
				Insurance Company COMMERCE INSURANCE		Event Sequence 1 22 22 22 22 2		3 4		10 Undercarriage			
				Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N		Most Harmful Event 1 23		1 24 24		5 11 Totaled			
				Citation # (If Issued) _____		Driver Contributing Code 20 24 24		Underride/Override 25 Towed N					
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____									
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
9				Please fill out for operator and all occupants involved		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					
				Name (Last First Middle) Address Age/DOB Sex		Operator/Non-Motorist See Above		99 4 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Washington St

Stanton Ave

MV/1

MV/2

P.O.

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:

MV/1 stated she was stopped on Washington St. waiting to turn left into Woodland Golf Country Club. While waiting to turn left MV/1 was struck by MV/2. Mv/2 had struck the right rear bumper of MV/1. The driver of MV/2 stated that he was heading East bound on Washington St. when he was cut off by another driver causing him to steer to the left and strike MV.1 with the right front corner of his bumper. Both MV/1 and MV/2 stated there was heavy amounts of traffic.

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

JEREMY FAY

NEWTON POLICE DEPART

08/20/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date