

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/21/2020		Time of Crash 13:32 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:						9	
WEST BOYLSTON ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH CHESTNUT ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
				Route# Intersecting Roadway/Street								3	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000467							
License # --- St MA DOB/Age ---				Reg # 6NXK40 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20									
Operator HUGHES TAYLOR R				Owner (Same as operator)								12	
Address 33 LEIGHTON RD				Address _____									
City HYDE PARK State MA Zip 02136				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) T2015936				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 24 19 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved												13	
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												1	
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 MA DOB/Age ---				Reg # S81165 Reg Type COMM Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016 Veh Make FORD Veh Config. 2 20									
Operator MACLEOD ALLAN D				Owner MUZI MOTORS INC									
Address 3 IMRIE STREET				Address 557 HIGHLAND AVE									
City RANDOLPH State MA Zip 02368				City NEEDHAM State MA Zip 02492									
Insurance Company ZURICH AMERICAN INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				3 4					
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Operator/Non-Motorist See Above				-----				1 4 99 0 0 10 1					

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

**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:**

On 08/21/20 at 13:32 hours, I responded to Boylston & Chestnut Streets for a two car motor vehicle accident involving no injuries. On arrival, both vehicles were pulled over to the right side of the road by 917 Chestnut Street.

Operator of M/V# 1 states she was traveling straight ahead on the westbound off ramp of Boylston Street at Chestnut Street. She states she stopped for the stop sign and was attempting to proceed straight through the intersection. Next, she states she was looking towards the right for oncoming traffic and thought it was clear to proceed both ways when she made contact with M/V # 2 in the intersection. I observed moderate damage to the driver's side front quarter panel area/bumper but the vehicle was still driveable.

Operator of M/V# 2 states he was traveling straight ahead northbound on Chestnut Street at Boylston Street.

(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 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

→ 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:

He says that he believes M/V # 1 stopped for the stop sign but was inching out in to the intersection. He says that once she came out he attempted to apply his brakes to no avail and the two made contact. I observed moderate damage to the front passenger side quarter panel/bumper area but the vehicle was still driveable.

As a result of the accident and the fact that the operator entered the intersection when it was not clear to proceed, I issued the Operator of M/V# 1 MA Uniform Citation# T2015936 for Ch. 89/9 Failure to Stop for Stop Sign.

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JEREMY L WILSON

25227

NEWTON POLICE DEPART

08/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date