

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/22/2020		Time of Crash 11:40 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	
Route# Direction Name of Roadway/Street At				SOUTH 5 ELLIOT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2 10 11 3	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with													
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000470					3
License # --- St MA DOB/Age ---				Reg # 6BD811 Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 20									
Operator CURRY STEPHEN Last First Middle				Owner (Same as operator) Last First Middle									12
Address 46 BRIDGE ST				Address _____									
City NEEDHAM State MA Zip 02494				City _____ State _____ Zip _____									
Insurance Company SAFETY INS.				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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				---									
CURRY, TARA 46 BRIDGE ST NEEDHAM, MA 02494				F 3 1 4 99 0 0 10 1									
CURRY, TIMOTHY 46 BRIDGE ST NEEDHAM, MA 02494				M 6 4 4 99 0 0 10 1									
CURRY, BENJAMIN 46 BRIDGE ST NEEDHAM, MA 02494				M 4 4 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 # 1BMH91 Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2018 Veh Make HONDA Veh Config. 2 20									
Operator MORIN ANDREW JAMES Last First Middle				Owner (Same as operator) Last First Middle									
Address 58 BURNETT ST (apt. 1)				Address _____									
City J.P. State MA Zip 02130				City _____ State _____ Zip _____									
Insurance Company GOV'T EMPLOYEE INS.				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22 1 23									
Citation # (If Issued) T2080847				Most Harmful Event 1 23									
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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				---									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

BOYLSTON ST

NEGOSHIAN GAS STATION

ELLIOT ST

Unit 2

Unit 1

NOT TO SCALE

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:**

The operator of veh #1 stated he was driving due North on Elliot St when veh #2 turned in front of him suddenly and without a directional. Moderate damage to veh #1 but he pulled into CVS parking lot and stated he had his own tow on the way.

The operator of veh #2 stated he was driving South on Elliot St when he attempted to take a left into Negoshian's Gas Station and veh #1 drove down the street too fast and they collided. Moderate damage to veh #2 as it was towed from the scene by David from Tody's Towing. The operator of veh #2 was cited in hand for Ch 89/ Sec 8 Failure to Yield to right of way.

**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**      **08/22/2020**

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

CDP1 11 -24-00