

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/16/2020		Time of Crash 12:18 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				NORTH 268 CENTRE ST		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		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		
1 1				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000522			4	
License # --- St MA DOB/Age ---				Reg # 53HA01		Reg Type PAN		Reg State MA		20			12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012		Veh Make TOYOTA		Veh Config. 1						
Operator COCCO TAYLOR				Owner COCCO WILLIAM										
Address 67 CLARENCE ST				Address 67R CLARENCE ST										
City EVERETT State MA Zip 02149				City EVERETT State MA Zip 02149										
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage		5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		8 6								
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													2	
Operator See Above				-----		---		0 4 99		0 0 10 1				
7 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 CT DOB/Age ---				Reg # AE50440		Reg Type COMMERCIAL		Reg State CT		20				
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2019		Veh Make ISUZU		Veh Config. 2						
Operator COURTNEY DANIEL				Owner HEMINGWAY'S LLC										
Address 101 S BURRITT ST				Address _____										
City NEW BRITAIN State CT Zip 06052				City _____ State _____ Zip _____										
Insurance Company STATE FARM				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22		2 23		1 9		10 Undercarriage		5 11 Totaled		
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		8 7 6								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed N										
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 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 99		0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

Unit 1

Unit 2

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:

The operator of MV1 (ma reg53HA01) stated she was parked on the street in front of 268 Centre Street about to exit her vehicle when her driver's side door was struck by a passing MV. Operator of MV1 stated she opened her door and before she exited the door was struck.

The operator of MV2 (CT Reg AE50440) stated he was traveling NB on Centre Street towards Watertown Square in the far right lane when the door from MV1 swung open. Operator of MV2 stated the side view mirror of his truck caught the top of the door.

Both of the driver's reported no injuries at the time of the accident. MV2 had some minor scratches on the side view mirror post. The driver's side door of MV1 was totaled. The glass shattered and the door was not able to close. MV2 was able to drive away from the scene without issues. I had the operator of MV1 pull into

(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

MARK D HAGOPIAN **NEWTON POLICE DEPT** **09/16/2020**

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

CDP1 11 -24-00

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of 10 columns and 8 rows of squares. The lines are light gray and evenly spaced. There is a solid black border around the edges of the page.

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:

the parking lot of 268 Centre Street. Operator of MV1 stated that she already called for a tow truck.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard	40	Material 1 digit #	41	Material Name	Material 4 digit #	Release code	42
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MARK D HAGOPIAN

NEWTON POLICE DEPARTMENT

09/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____