

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/19/2020		Time of Crash 17:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				WEST 63 PIERREPONT RD		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 _____ Mile Marker _____ Exit Number _____		100 FEET Feet N S E W of GROVE ST. Route# Intersecting Roadway/Street						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						11	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000536						1	
License # --- St MA DOB/Age ---				Reg # 31542 Reg Type PAS Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2005 Veh Make TOYT Veh Config. 1 20						12	
Operator MURRAY III EDWARD G				Owner MURRAY EDWARD G		Address 25 WALTER Address 25 WALTER ST						1	
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459		Insurance Company SAFETY INS							
Vehicle Travel Direction: N S E W Responding to Emergency? N				Vehicle Action Prior to Crash 1 21		Event Sequence 20 22 21 22 22 22 2 3 4							
Citation # (If Issued) _____				Most Harmful Event 21 23		Driver Contributing Code 12 24 20 24 0 1 9 5 11							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Underride/Override 25 Towed Y		Damaged Area Code: (Circle Up to Three)							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility												21	
Operator See Above				---									
MORENO, DIANA 717 BOYLSTON ST NEWTON, MA 02459				F 3 1 3									
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---				Reg # Reg Type Reg State		Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____				Owner _____		Address _____							
City _____ State _____ Zip _____				City _____ State _____ Zip _____		Insurance Company _____							
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Operator/Non-Motorist See Above				---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Grove st.

Pierrepont rd

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:

I responded to the area of 63 Pierrepont Rd for a report of an MVA single car crash into a tree. I responded to the area at approx. 1752 hrs 09/19/2020. I was advised by NPD Dispatch that the vehicle was unoccupied and that the vehicle has been there all day according to the anonymous reporting party.. When I arrived on location I observed MA Reg. 31542 off the roadway facing westbound directly in front of a tree. This was located directly in front of the residence of 63 Pierrepont Rd. The vehicle was unoccupied with heavy front end damage and front and side airbag deployment. The windows were left 2/3 of the way open and the cars ignition key was left on the driver's seat. The vehicle had collided into a city tree. There was debris from the vehicle at the base of the tree. The tree had visibly been hit but there was no damage to the tree by my observation.

(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

DANIEL S SULLIVAN

NEWTON POLICE DEPART

09/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



If Crash Did Not Occur
on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

I contacted the vehicle owner Edward G. Murray Jr. He confirmed that he had knowledge of the crash. His son Edward G Murray III was the operator at the time of the crash. Murray III had a female passenger Diana Moreno 07/12/2004. I spoke with both Murray Jr. and Murray III via telephone. Murray III stated he was driving following his GPS and suddenly an animal which he believed to be a small dog suddenly ran in front of the car. Murray III swerved to avoid hitting the animal and drove off the road and collided into the tree. He stated the crash was at approx. 0950 on 09/19/2020. I also spoke with Diana Moreno (passenger), via telephone. She could not tell me what preceded the crash as she was looking at her cell phone just prior to the crash. Murray III and Moreno confirmed they were not injured as a result of the crash.

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Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

DANIEL S SULLIVAN

NEWTON POLICE DEPT.

09/19/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

