

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/23/2020		Time of Crash 16:08 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 _____				NORTH 19 WOODBINE 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 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000551			4	
License # _____ St MA DOB/Age _____				Reg # 2702 Reg Type AMN Reg State MA									12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make FORD Veh Config. 97 20									1	
Operator KEIGHLEY JAMES Last First Middle				Owner CATALDO AMBULA Last First Middle										
Address 112 ALSADA RD				Address BX435										
City SWANSEA State MA Zip 02777				City SOMERVILLE State MA Zip 02143										
Insurance Company OLD REPUBLIC				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? Y				Event Sequence 2 22 22 22 22				10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled						
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 N										
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									1	
Operator See Above				99 4 99 0 0 10 1										
SMITH, MICHAEL 85 NICHOLAS RD. FRAMINGHAM, MA				M 97 99 4 99 0 0 10 1										
7				Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 0 #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 # 25HE72 Reg Type PAN Reg State MA										
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2016 Veh Make ACURA Veh Config. 2 20										
Operator _____ Last First Middle				Owner JEFFER ALEXANDER Last First Middle										
Address _____				Address 144 LAUREL ST.										
City _____ State _____ Zip _____				City NEEDHAM State MA Zip _____										
Insurance Company QUINCY MUTUAL FIRE				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled						
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 N										
Please fill out for operator and all occupants involved														
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										
Operator/Non-Motorist See Above				-----										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Woodbine St.

Other Private Vehicle

MV 2

MV 1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

MV1 (Cataldo Ambulance) travelling North on Woodbine St. struck the driver side mirror and driver side rim of MV2 that was parked on the side of the road. MV1 stated there were vehicles parked on both sides of the street. Pictures of the road and of the damage of both vehicles were taken and sent to the IT Bureau to be attached to this report. Driver of MV 1 stated he was unsure if the damage on the vehicle was old or new. Owner of MV 2 was on scene and was given a crash report number for insurance purposes.

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