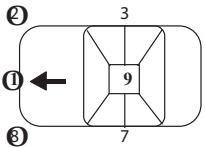


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/03/2020	Time of Crash 14:44 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>WEST</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____ STONE AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000573			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>CAMERON</u> <u>BRYAN</u> Address <u>1630 WORCESTER ST (apt. 4120)</u> City <u>FRAMINGHAM</u> State <u>MA</u> Zip <u>01702</u> Insurance Company <u>PLYMOUTH ROCK</u>			Reg # <u>9RXR90</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>HUN</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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			Operator See Above ----- --- 1 4 99 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State <u>20</u> Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____							
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			Operator/Non-Motorist See Above ----- --- ---							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

BEACON ST

STONE AVE

MV1

MV2

N

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:**

OPER OF MV1, STATED THAT HE WAS TRAVELLING WB ON BEACON ST, WHEN MV2 PULLED OUT OF A SIDE STREET ( POSSIBLY STONE AVE) AT A HIGH RATE OF SPEED AND CUT HIM OFF. OPER OF MV1 STATED THAT HE COULD NOT STOP IN TIME AND STRUCK THE REAR TRAILER THAT WAS BEING PULLED BY MV2.

MV2 PROCEEDED TO SPEED UP AND FLED THE SCENE.

MV2 WAS DESCRIBED AS A LANDSCAPING TRUCK PULLING A TRAILER (NO PLATES AND UNKNOWN MARKINGS).

MV1 SUSTAINED MODERATE FRONT END DAMAGE.

**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

**RICHARD F BENES**      NEWTON POLICE DEPT      10/03/2020

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

CDP1 11 -24:00