

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/08/2020	Time of Crash 11:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:				
Route# Direction Name of Roadway/Street At			SOUTH 546 PARKER ST Route# Direction Address # Name of Roadway/Street				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				11 4				
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000586		
License # --- St NY DOB/Age ---			Reg # JCG5212 Reg Type PAN Reg State NY			Veh Year 2020 Veh Make JEEP Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator BOAK ANDREW			Owner (Same as operator)			1 12		
Address 136 HENRY ST (apt. 2)			City BINGHAMTON State NY Zip 13901			Insurance Company GEICO					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event 2 23			Driver Contributing Code 9 24 24			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y			Vehicle Action Prior to Crash 1 21					
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						13 2		
Operator			See Above			---			NWH		
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 # D64252 Reg Type _____ Reg State MA			Veh Year 2018 Veh Make BRAV UTIL TRAIL Veh Config. 8 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator _____			Owner MARIANO LANDSC. O AND A					
Address _____			City _____ State MA Zip 02465			Insurance Company ALLMERICA FINANCIAL BENEFIT					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 11 21					
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			-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

546 PARKER ST

N

MV2

MV1

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 OPER OF MV#1 WAS TRAVELLING SB ON PARKER ST (#546), WHEN HE COLLIDED WITH THE REAR OF MV#2 (PARKED LANDSCAPE TRAILER). ONLOOKERS, FIRE AND MEDICS, ATTENDED TO THE DRIVER PRIOR TO MY ARRIVAL. THE OPERATOR APPEARED TO BE HAVING SOME SORT OF MEDICAL EPISODE (SEIZURE LIKE) AFTER THE CRASH. IT IS UNKNOWN IF THE PARTY WAS HAVING THE MEDICAL EPISODE PRIOR TO THE CRASH.

MV1 WAS TOWED WITH FRONT END/WHEEL DAMAGE.

THE OPERATOR WAS TRANSPORTED TO THE HOSPITAL.

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** **10/08/2020**

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

CDP1 11 -24:00