

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/08/2020	Time of Crash 16:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	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: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			2 9							
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			2 10							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			2 11							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000587	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>6YV335</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2017</u> Veh Make <u>SUBA</u> Veh Config. <u>1</u> 20			1 12	
Sex <u>M</u> Lic. Class <u>D</u> 18 18 Lic. Restrictions <u>B</u> 19 CDL _____			Operator <u>DAVIS</u> <u>JOSHUA</u>			Owner <u>(Same as operator)</u>			1 13	
Address <u>32 FELLSWAY W</u>			City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145</u>			Vehicle Action Prior to Crash <u>6</u> 21 Damaged Area Code: (Circle Up to Three)			1 14	
Insurance Company <u>ARBELLA MUTUAL</u>			Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> 22 22 22 22 2			1 15	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>1</u> 23			1 16	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code <u>5</u> 24 99 24			Underride/Override <u>25</u> Towed <u>N</u>			1 17	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- --- 99 4 99 0 0 10 1			1 18	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 19	
License # _____ St <u>SC</u> DOB/Age _____			Reg # <u>8KC186</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2009</u> Veh Make <u>MNNI</u> Veh Config. <u>1</u> 20			1 20	
Sex <u>F</u> Lic. Class <u>D</u> 18 18 Lic. Restrictions <u>1</u> 19 CDL _____			Operator <u>WHEELER</u> <u>ANNA</u>			Owner <u>(Same as operator)</u>			1 21	
Address <u>63 BLACKSMITH CIR</u>			City <u>BEAUFORT</u> State <u>SC</u> Zip <u>29906</u>			Vehicle Action Prior to Crash <u>6</u> 21 Damaged Area Code: (Circle Up to Three)			1 22	
Insurance Company <u>UNITED SERVICES ASSOCIATION</u>			Vehicle Travel Direction: <u>N</u> <u>S</u> <input checked="" type="checkbox"/> <u>W</u> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> 22 22 22 22 2			1 23	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>1</u> 23			1 24	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code <u>99</u> 24 99 24			Underride/Override <u>25</u> Towed <u>N</u>			1 25	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- --- 99 4 99 0 0 10 1			1 26	

Crash Narrative:
MV#1 Was stopped at the intersection of Centre St and Washington St proceeding to merge into Washington St Eastbound. MV#1 Was struck by MV#2 on the right side rear bumper upon merging.
OPMV#1 Stated he was merging into traffic and was hit from behind by a vehicle on his right bumper side.
MV#2 Was stopped at the intersection of Centre St and Washington St, behind MV#1, proceeding to merge into Washington St Eastbound. MV#2 collided with MV#1 merging into oncoming traffic.
OPMV#2 Stated she was merging into Washington St when she hit the vehicle in front of her.
No tows were needed, and no injuries were reported.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

REID LARSON			NEWTON POLICE DEPT#1		10/08/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					