

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/13/2020	Time of Crash 10:51 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 18 STATION AVE				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000592		
License # --- St MA DOB/Age ---			Reg # T93974 Reg Type CON Reg State MA			Veh Year 2019 Veh Make FREIGHT Veh Config. 6 20			Operator SOBERS DERRICK K		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner CROWN LINEN SERV			Address 309 BATTLES SERVICE			City BROCKTON State MA Zip 02301		
Address 13 HAVEN STREET			Vehicle Action Prior to Crash 7 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22		
City MILFORD State MA Zip 01757			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Insurance Company GREAT NORTHERN INSURANCE			Citation # (If Issued) N/A			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			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			Operator/Non-Motorist See Above		
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 # 6RS841 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make TOYOTA Veh Config. 2 20			Operator MAHONEY PATRICK L		
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner MAHONEY PATRICK L			Address 40 FISHER ROAD			City DEDHAM State MA Zip 02026		
Address ---			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22		
City --- State --- Zip ---			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Insurance Company COMMERCE			Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec		
Vehicle Travel Direction: X S E W Responding to Emergency? 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:

18 Station Avenue

Unit 1

Unit 2

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:

On Tuesday, October 13, 2020 while assigned to Traffic unit N525, I responded to 18 Station Avenue, Newton for a 2 car motor vehicle crash. The weather at the time of the crash was rain. The road surface on Station Avenue was wet. Station Avenue is a public way maintained by the City of Newton.

I spoke with the operator of MV1, Mr. Derrick Sobers (S31986103). Mr. Sobers stated he was operating a 2019 Freight MT45 box truck (MA CON: T93974) on Station Avenue (N). The vehicle is owned by Crown Linen Service Inc. Mr. Sobers stated he was pulling off of the roadway to the right in front of 18 Station Avenue when the rear passenger side area of his vehicle crashed into the front driver side of a parked 2020 Toyota Rav 4 (MA: 6RS841). This vehicle was parked unoccupied in a metered parking spot on the roadway. I observed minor damage to the rear passenger side of MV1 and minor damage to the front

(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

MICHAEL R GAUDET NEWTON POLICE DEPT 10/13/2020

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

CDP1 11 -24:00

