

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/13/2020	Time of Crash 15:26 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:					
<div>EAST COMMONWEALTH AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH MT ALVERNIA RD</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000594			
License # --- St MA DOB/Age ---			Reg # 6DFJ50		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007		Veh Make TOYOTA		Veh Config. 1 20			
Operator LARSEN TREVOR			Owner (Same as operator)							
Address 1913 COMMONWEALTH AVE			Address							
City NEWTON State MA Zip 02466			City		State		Zip			
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		②		3 4			
Citation # (If Issued)			Most Harmful Event 1 23		①		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		③		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		⑥		7 6			
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			See Above		-----		--- --- 1 1 4 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17	
<div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____</div> <div>Operator OBASI OBASI ODIM</div> <div>Address 36 COLSON WAY</div> <div>City RANDOLPH State MA Zip 02368</div> <div>Insurance Company PLYMOUTH INS</div> <div>Vehicle Travel Direction: X S E W Responding to Emergency? N</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>			<div>Reg # 1MCT64</div> <div>Reg Type PAN</div> <div>Reg State MA</div> <div>Veh Year 2014</div> <div>Veh Make TOYOTA</div> <div>Veh Config. 2 20</div> <div>Owner (Same as operator)</div> <div>Address</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Vehicle Action Prior to Crash 4 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22</div> <div>②</div> <div>③</div> <div>④</div> <div>Most Harmful Event 1 23</div> <div>1</div> <div>Driver Contributing Code 4 24 24</div> <div>8</div> <div>Underride/Override 25 Towed Y</div> <div>10 Undercarriage</div> <div>5 11 Totaled</div> <div>7 6</div>							
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		-----		--- --- 1 2 4 0 0 10 1			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

MT ALVERNIA ROAD

COMMONWEALTH AVE

CARRIAGE LANE

COLLEGE ROAD

OLD COLONY ROAD

Unit 2

P.O.I.

Unit 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

Crash Narrative:

On 10/13/2020, while assigned to N496, I, Officer Conary, responded to the intersection of Commonwealth Ave and Mt Alvernia Road, for a report of a MVA. Upon arrival, I observed vehicles with significant damage and air bag deployment. Fire and Medics responded.

Operator of MV1 stated that he was traveling Eastbound on Commonwealth Ave, when MV2 came out of a street from the left and drove right in front of him. Operator of MV1 stated he could not stop in time to avoid MV2 and hit him head on. Operator of MV1 stated that he was not driving fast at the time because of the inclement weather. It was down pouring rain at that point. Operator of MV2 stated that he was traveling Southbound on Mt Alvernia Road and signaled to take a left turn on Commonwealth Ave. Operator of MV2 stated he did not see any cars and proceeded to make his turn. Operator of MV2 stated he saw MV1 at the last second and could not

(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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

stop in time.

Both vehicles were towed by Todys. MV1 had heavy front end damage. MV2 had heavy right side damage and to front right tire. Both operators were evaluated and signed patient refusals. Operator of MV1 was able to get a ride home. Operator of MV2 was driven to the Newton Police Department to make proper arrangements for a ride home. No further incident to report.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KRISTINA CONARY

NEWTON POLICE DEPART

10/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date