

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/19/2020		Time of Crash 12:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
16 WEST WATERTOWN ST												9	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
CRAFTS ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								2	
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 200000662							
License # --- St MA DOB/Age ---				Reg # PLE 523 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 20									
Operator COATS JENNIFER FAITH				Owner (Same as operator)								12	
Address 741 WATERTOWN ST				Address _____									
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEES				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 97 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
Please fill out for operator and all occupants involved												13	
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 4 99 0 0 10 1 NONE									
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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # T 79747 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2018 Veh Make CHEV Veh Config. 2 20									
Operator BAILEY JOSHUA				Owner UNION LEASING TR									
Address 139 ROCKWAY AVE (apt. 30)				Address 425 (apt. 6) N MARTINDALE RD									
City WEYMOUTH State MA Zip 03459				City SCHAUMBURG State IL Zip 60173									
Insurance Company ZURICH AMERICAN				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved												13	
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 4 99 0 0 10 1 NONE									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

water town st

craft st

craft st

Unit 2

Unit 1

water town st

FIRE STATION #191 CRAFT ST

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 November 19th, 2020 @ approximately 12:52 hours while assigned to N491 I responded to a report of a two car MV crash @ the intersection of Watertown ST@ Crafts ST.

On my arrival I located both involved vehicles inside the parking area to the Fire Station. #191 Craft ST. Vehicle #1 was a red Hyundai Elantra Ma reg. 9le523. The operator was identified as Jennifer F. Coats. She reported travelling W/B on Watertown ST approaching the intersection of Craft ST when she began to brake due to the traffic ahead of her was stopped for the signal light (red).

According to Ms Coats as she braked her vehicle failed to stop. Her vehicle subsequently crashed into the rear of vehicle #2.

There was a possibility of mechanical failure her anti braking system.

(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

THOMAS J MCCARTHY      NEWTON POLICE DEPT      11/19/2020

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

CDP1 11 -24-00

