

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/03/2020		Time of Crash 09:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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:						9	
Route# Direction Name of Roadway/Street At				NORTH 37 CRAFTS ST		Route# Direction Address # Name of Roadway/Street						2 10	
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						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000694							
License # --- St MA DOB/Age ---				Reg # F93326 Reg Type CON Reg State MA		Veh Year 1997 Veh Make FORD Veh Config. 2 20						12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Operator PAOLA NICOLA		Owner (Same as operator)						1	
Address 64 SMITH AVE.				City NEWTON State MA Zip 02465		Address _____ City _____ State _____ Zip _____							
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23							
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y							
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 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	
Operator				See Above								1	
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 # 610048 Reg Type TRN Reg State MA		Veh Year 2016 Veh Make UTIL Veh Config. 8 20							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Operator _____		Owner PAOLA NICOLA							
Address _____				City NEWTON State MA Zip 02465		Address 64 SMITH AVE.							
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23							
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y							
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 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:

37 crafts st

Unit 1

Unit 2

Unit 3

29 crafts st driveway

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

ON 12-3-20 AT APPROX. 0938HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 37 CRAFTS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON CRAFTS ST. WHILE TRAVELING HIS TRAILER (VEHICLE #2) WAS HIT ON THE RIGHT SIDE BY VEHICLE #3 AS SHE WAS EXITING THE DRIVEWAY AT 29 CRAFTS ST. DRIVER OF VEHICLE #3 STATES SHE WAS STOPPED IN THE DRIVEWAY OF 29 CRAFTS ST. WAITING TO TURN LEFT AND ENTER THE TRAFFIC ON CRAFTS ST. DRIVER OF VEHICLE #3 STATES HER VISIBILITY WAS OBSTRUCTED BY A YELLOW BUS PARKED ON CRAFTS IN FRONT OF 29 CRAFTS ST. AS VEHICLE #3 ENTERED THE TRAFFIC LANE SHE HIT THE RIGHT SIDE OF VEHICLE #2. VEHICLE #1 HAD NO DAMAGE. VEHICLE #2 HAD A RIGHT SIDE FLAT TIRE AND POSSIBLE BROKEN AXLE. VEHICLE #2 WAS TOWED BY PERFECTION. VEHICLE #3 HAD EXTENSIVE FRONT END DAMAGE. VEHICLE #3 WAS OPERATIONAL AND DRIVER WAS TAKING IT TO A BODY SHOP. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES

(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 P WALSH

NEWTON POLICE DEPT

12/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

ie: \rightarrow 1 \rightarrow 2 \rightarrow 

Crash Diagram:		ie: → 1	→ 2	→ Person					

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:

ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT

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:

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

THOMAS P WALSH

NEWTON POLICE DEPARTMENT

12/03/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____