

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/03/2020	Time of Crash 15:29 24HR	City/Town NEWTON	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:				
1 SOUTH MELROSE ST							2 9				
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				2 10				
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____								
2 WEST COMMONWEALTH AVE											
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				11				
Also at Intersection with			Route# Intersecting Roadway/Street				3				
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 2000000700		
License # --- St MA DOB/Age ---			Reg # 17TB90 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014 Veh Make NISS Veh Config. 1 20								
Operator DOHERTY MORGAN			Owner DOHERTY PATRICK						12		
Address 50 QUINCY AVE			Address 50 QUINCY AVE								
City WINTHROP State MA Zip 02152			City WINTHROP State MA Zip 02152								
Insurance Company GEICO GENERAL INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 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 7 8					
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								
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 # 2BHJ86 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2020 Veh Make SUBA Veh Config. 1 20								
Operator SEVIGNY PHILIP			Owner (Same as operator)								
Address 15 JOHN AV			Address _____								
City HAVERHILL State MA Zip 01832			City _____ State _____ Zip _____								
Insurance Company AMICA MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) T2014417			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6 7 8					
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								

→ 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:

MV1 stated they were heading Southbound on Melrose St. and crossing through the intersection of Commonwealth Ave where they had the green light. MV1 stated they saw MV2 running the red light and driving towards their vehicle. MV1 stated MV2 hit them and suffered minor damage to their front left bumper.

MV2 stated they were heading Westbound on Commonwealth Ave towards the intersection of Melrose St. MV2 stated they don't recall what color the light was and proceeded through the intersection. MV2 stated they hit MV1 and suffered minor damage to their front right bumper.

There were no injuries. Both vehicles were able to successfully be driven away.

Operator of MV2 was issued Citation #T2014417 (Mgl 89/9: Fail to stop at red light)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
O'GRADY, PAUL,	23 REGINA RD NEWTON, MA 02466	-----	Y

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