

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/03/2020		Time of Crash 15:28 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:						9		
Route# Direction Name of Roadway/Street At				SOUTH 1175 WALNUT STREET Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street													11	
Route# Direction Name of Intersecting Roadway/Street												4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000701						
License # --- St MA DOB/Age ---				Reg # N25641 Reg Type CON Reg State MA										
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make FORD Veh Config. 2 20										
Operator BOND MICHAEL L				Owner (Same as operator)									12	
Address 25 ALAMEDA RD				Address _____										
City BOSTON State MA Zip 02132				City _____ State _____ Zip _____										
Insurance Company CITATION INSURANCE				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N X E W 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 4 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 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									1	
Operator See Above				----- --- 1 4 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		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---				Reg # 3JR474 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make LEXUS Veh Config. 2 20										
Operator BECK ALEXIS M				Owner (Same as operator)										
Address 41 COTTER RD				Address _____										
City NEWTON State MA Zip 02468				City _____ State _____ Zip _____										
Insurance Company AMICA MUTUAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) T2012863				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch 90/10A Sec _____ Violation 2: Ch 90/13B Sec _____				Driver Contributing Code 20 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				8 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/Non-Motorist See Above				----- --- 1 4 4 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Walnut Street

Unit 2 P.O.I. Unit 1

Meter Parking Spot

1175 Walnut Street

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:

Operator of MV1 states he was parked at the meter spot in front of 1175 Walnut Street when he went to merge onto Walnut Street southbound. MV2 struck his front bumper with the right side of her vehicle. Operator of MV1 states he spoke with the operator of MV2 who stated to him she didn't see him merging onto Walnut Street because she was on her cell phone. MV1 sustained damage to the front bumper.

Operator of MV2 states she was traveling southbound on Walnut Street and struck MV1 when he was merging into traffic. I asked the operator of MV2 if she was on her cell phone, which she first denied, but admitted to having the cell phone in her hand. MV2 sustained extensive damage to the right side of the vehicle and needed to be towed, which was removed from the roadway by Tody's towing. The operator of MV2 was queried and had an expired license.

(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

TIMOTHY F KEEFE NEWTON POLICE DEPT 12/03/2020

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

CDP1 11 -24-00

