

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report			Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR							Latitude	Local Police	<input type="checkbox"/>	
								Longitude	MBTA Police	<input type="checkbox"/>	
									Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of			Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Route# Intersecting Roadway/Street					
Also at Intersection with			Feet N S E W of			Landmark					
Route# Direction Name of Intersecting Roadway/Street											
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped					
License # St DOB/Age			Reg # Reg Type Reg State								
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20								
Endorsment			Owner Last First Middle								
Operator Last First Middle			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4					
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			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			See Above			-----					
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 15 97 Location 16 8 Condition 17 1		
									<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # St DOB/Age			Reg # Reg Type Reg State								
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20								
Endorsment			Owner Last First Middle								
Operator KANE ALEX			Address								
Address 1321 WASHINGTON ST			City State Zip								
City NEWTON State MA Zip			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
Insurance Company			Event Sequence 22 22 22 22			2 3 4					
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 23			1 9 10 Undercarriage					
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Operator/Non-Motorist			See Above			-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Elliot St

Chestnut St

Unit 2

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:

Roselourdes Pierreadrien was operating vehicle #2 S/B on Chestnut St. Roselourdes states that she had a green light and was proceeding through the intersection and was struck on the right side by vehicle #1. Roselourdes vehicle rolled over and landed on its roof. Lourdes was able to free herself from the vehicle prior to my arrival.

Stuart Schneller was operating vehicle #1 on Elliot St E/B. Stuart stated that he believed he had a green light when proceeding through the intersection. Both parties suffered injuries and had a hard time recalling what had happened. Both parties transported to NWH and both vehicles towed by Tody's Off. Kane was on a detail nearby. Off. Kane states that she did not see the accident happen but heard it. Off. Kane then saw vehicle #2 roll onto its roof. Off. Kane then went over to the vehicle, broke the drivers

(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

STEPHEN T COTTENS NEWTON POLICE DEPTA 01/07/2021

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

CDP1 11 -24:00

