

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|---------------------|--|---|----------------------|--|--|--|
| Date of Crash 01/07/2021 | Time of Crash 11:29 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 1 | 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: | | | |
| WEST BEACON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ GARLAND RD Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | Case Number 2100000010 | | | | | | | |
| License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Operator <u>LURIE</u> <u>JONATHAN</u> Address <u>37 MYLES STANDISH RD</u> City <u>WESTON</u> State <u>MA</u> Zip <u>02493</u> Insurance Company <u>SAFTEY</u> | | | Reg # <u>8EH290</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>ACURA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>11</u> Totaled Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | |
| Operator See Above | | | ----- --- 99 4 99 0 0 10 1 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | | | | | | |
| License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>AMEN-RA</u> <u>MAHATMA</u> Address <u>13 WILSON CIRCLE</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u> Insurance Company <u>COMMERCE</u> | | | Reg # <u>5DG654</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>CHEVY</u> Veh Config. <u>1</u> <u>20</u> Owner <u>DOMINIQUE</u> <u>FLORENCE</u> Address <u>13 (apt. 13) WILSON CIRCLE</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>11</u> Totaled Driver Contributing Code <u>5</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | ----- --- 99 4 99 0 0 9 1 | | | | | | | |
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| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Whole Foods Parking Lot

Beacon Street

Garland Street

Veh #2 Veh #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:

Vehicle # 1 was stopped WB at the entrance to Whole Foods on Beacon Street when it was struck by vehicle # 2 also going WB on Beacon Street. There were fresh skid marks left by vehicle # 2. Crash was witnessed by Detail Officer R. Keefe. Oper # 2 was checked by medics after complaining of jaw pain. She signed a refusal. Both vehicles were driven from the scene.

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

MICHAEL D BOUDREAU **NEWTON POLICE DEPT** **01/07/2021**

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

CDP1 11 -24:00