Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
01/17/2021	15:31 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 — 1
Route# NORTH Direction LOWELL AVE Name of Roadway/Street
At
Route# EAST Direction WASHINGTON ST Name of Intersecting Roadway/Street
Also at Intersection with
2 — 2
Route# Direction Name of Intersecting Roadway/Street

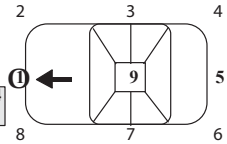
Route# Direction Address # Name of Roadway/Street — 2 9
Feet N S E W of Mile Marker or Exit Number — 2 10
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark — 2 11

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000025

Vehicle 1

License # --- St MA DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement
4 — 3 Operator HEALY (Last) DECLAN (First) G (Middle)
Address 1321 WASHINGTON ST
City NEWTON State MA Zip 02465
Insurance Company SELF INSURED
5 — 1 Vehicle Travel Direction: N S ☒ W Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 — 1 Violation 3: Ch Sec Violation 4: Ch Sec

Reg # MP491B Reg Type MVN Reg State MA
Veh Year 2018 Veh Make FORD Veh Config. 2 20
Owner NEWTON (Last) CITY (First) OF (Middle) — 1 12
Address 1000 COMMONWEALTH AVE
City NEWTON State MA Zip 02459
Vehicle Action Prior to Crash 1 21
Damaged Area Code: (Circle Up to Three)
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 19 24 24
Underride/Override 25 Towed N



Please fill out for operator and all occupants involved — 1 13

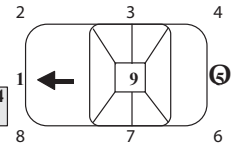
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	1	4	4	0	0	10	1	NONE

7 — 2 Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsement
8 — 1 Operator MCALEER (Last) MAUREEN (First) (Middle)
Address 142 RANDLETT PK
City NEWTON State MA Zip 02465
Insurance Company USAA
Vehicle Travel Direction: N S ☒ W Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 7BM775 Reg Type PAN Reg State MA
Veh Year 2020 Veh Make FORD Veh Config. 2 20
Owner COSTELLO (Last) DAVID (First) (Middle)
Address 142 RANDLETT PK
City NEWTON State MA Zip 02465
Vehicle Action Prior to Crash 1 21
Damaged Area Code: (Circle Up to Three)
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed N



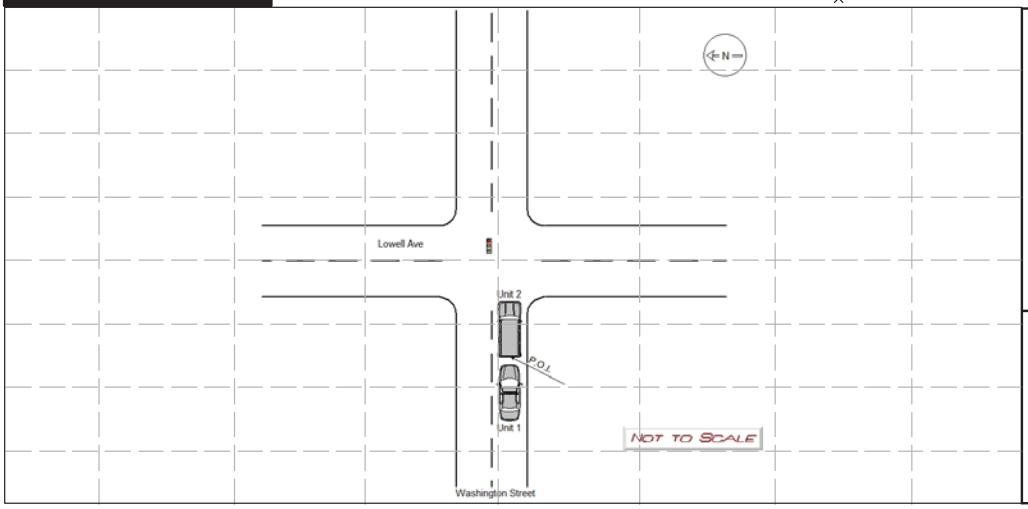
Please fill out for operator and all occupants involved

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	NONE

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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 Vehicle #1 stated that he was operating Newton Marked Cruiser 491 Eastbound on Washington Street. After stopping at the red light at the intersection of Lowell Ave, he traveled forward and struck the rear bumper of Vehicle #2. Operator #1 was not injured and the cruiser was not damaged. Both vehicles were driven from the scene.

Operator of Vehicle #2 stated that she was traveling Eastbound on Washington Street at the intersection of Lowell Ave. After stopping at the red light she began to travel forward when her vehicle was struck from behind by Vehicle #1. Operator #2 stated that she was not injured. Vehicle #2 had minor damage to the rear bumper, which was photographed and submitted to the IT Bureau.

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 [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]

JAMES B SELIG			NEWTON POLICE DEPARTM		01/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00