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	State Police
03/01/2021	05:54 24HR	NEWTON	2	0	30	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

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

1 4 — Route# EAST Direction CALIFORNIA ST Name of Roadway/Street

At

Route# NORTH Direction CRAFTS ST Name of Intersecting Roadway/Street

Also at Intersection with

2 3 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 9 — Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker 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 2100000155

License # --- St MA DOB/Age -- -- ---- Reg # M96516 Reg Type CON Reg State MA

Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2017 Veh Make ELGN Veh Config. 97 20

4 1 — Operator DOHERTY (Last) PETER (First) (Middle) Owner CITY OF NEWTON (Last) FIRE (First) (Middle) 1 12

Address 237 BAY RD Address 1164 CENTRE ST

City N EASTON State MA Zip 02356 City NEWTON State MA Zip 02459

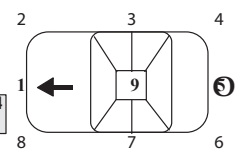
Insurance Company SELF INSURED Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)

5 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued)_____ Most Harmful Event 1 23

Violation 1: Ch____Sec____ Violation 2: Ch____Sec____ Driver Contributing Code 19 24 24

6 2 — Violation 3: Ch____Sec____ Violation 4: Ch____Sec____ Underride/Override 25 Towed N



10 Undercarriage
11 Totaled

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	

7 3 — Please Select One of the Following: ☒ Vehicle 2 1 # Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 572KR4 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2015 Veh Make JEEP Veh Config. 1 20

8 2 — Operator PETERSON (Last) LANCE (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address 50 VICTORIA RD Address

City QUINCY State MA Zip 02169 City State Zip

Insurance Company AMICA MUTUAL Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

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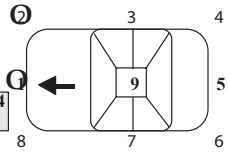

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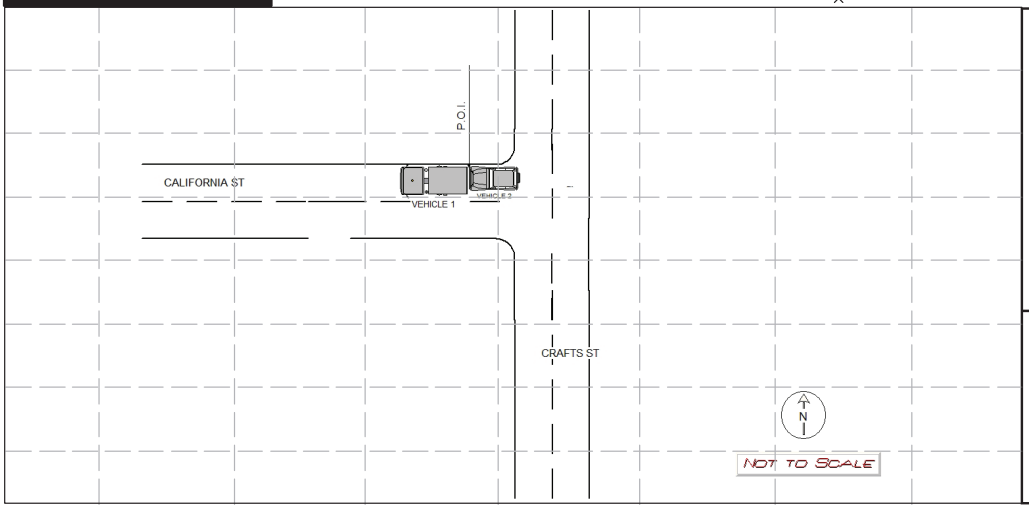
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

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:

Vehicle #1 a City of Newton Street Sweeper was traveling east on California St. at the intersection of California and Crafts when it stopped and reversed to go west in the east bound travel lane.

At the same time Vehicle #2 was traveling south on Crafts St. and took a right turn to go east on California St.

Once Vehicle #2 Made the turn onto California St. Vehicle #1 Reversed into its front end.

Vehicle #1 sustained minor damage to its rear end.

Vehicle #2 sustained minor damage to its front end.

There were no injuries.

Photos were taken of the damage and passed along to The Newton Police 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]

KEVIN DONOVAN		NEWTON POLICE DEPARTM			03/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00