

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/05/2021	Time of Crash 20:23 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST WASHINGTON ST 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			5 FT _____ Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CENTRE ST Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000233	
License # _____ St MA DOB/Age _____			Reg # FWD501			Reg Type PAN			Reg State MA	
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2021			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>	
Operator LARSON WILLIAM SCOTT Last First Middle			Owner (Same as operator)			First Middle			Last Middle	
Address 35 CROSBY RD (apt. 2)			Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____	
Insurance Company PLYMOUTH ROCK ASSURANCE			Vehicle Action Prior to Crash <u>5</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>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>15</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Diagram: 10 Undercarriage, 11 Totaled	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- 1 4 4 0 0 10 1 NONE				
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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____			Reg # 1RDR87			Reg Type PAN			Reg State MA	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016			Veh Make SUBARU			Veh Config. <u>2</u> <u>20</u>	
Operator FARNHAM AVERY Last First Middle			Owner (Same as operator)			First Middle			Last Middle	
Address 32 BOSTONIA			Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____	
Insurance Company LM GENERAL INSURANCE COMPANY			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>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>15</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</u>	
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Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 1 4 4 0 0 10 1 NONE				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Washington St

Centre St

First Priority to Oncoming Buses

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:**

MV2 operator stated that she and the operator of MV1 were both in a road rage incident, operating eastbound on Washington St prior to Centre St at approximately 1910 hours. MV2 operator stated before she attempted to merge left, MV1 purposefully cut her off by merging right in front of her, and slammed on the breaks. Because MV1 slammed on the breaks by merging right, MV2 operator stated she struck the rear of MV1. MV2 operator reported no injuries at this time, and MV2 sustained minor front driver side hood and front driver side headlight damage. MV2 operator stated she believed MV1 may have sustained damage.

MV1 operator stated he did not think he was involved in a motor vehicle accident. However, MV1 operator reported a road rage incident at that time and area, and stated he did recall MV2 taking up to travel lanes. MV1 reported no injuries at this time and upon looking at his vehicle, only reported very minor paint

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**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

**MARK HATFIELD**      **NEWTON POLICE DEPT**      **04/05/2021**

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

CDP1 11 -24:00

♀ Pedestrian

♀

[illegible]

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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 \_\_\_\_\_

CDP1 11 -24:00