

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/20/2021		Time of Crash 19:12 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
<div>11</div> <div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>2</div> <div>WEST RIVER ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>10FT Feet X S E W of HENSHAW ST</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div> <div>10</div>								2	
												11	
												1	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000366							
License # --- St MA DOB/Age ---				Reg # 8JB338 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2019 Veh Make HONDA Veh Config. 2 20									
Operator ENGLISH DAVID				Owner HONDA LEASE TRU!								12	
Address 16 ROSE DRIVE				Address 600 KELLY WAY									
City NEWTON State MA Zip 02465				City HOLYOKE State MA Zip 01040									
Insurance Company AMICA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 20 22 22 22 22				<div>2 3 4</div> <div>10 Undercarriage</div> <div>5 11 Totaled</div>					
Citation # (If Issued) _____				Most Harmful Event 20 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												20	
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									
Operator _____				Owner _____									
Address _____				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				<div>2 3 4</div> <div>10 Undercarriage</div> <div>5 11 Totaled</div>					
Citation # (If Issued) _____				Most Harmful Event 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

MV1 was driving westbound on River St when he nicked the curb at the intersection of Henshaw St and blew both passenger side tires. He lost control of the vehicle when the tires blew and his vehicle laid to rest on the eastbound lane. Front airbags deployed. Operator, David English signed a refusal with the medics. MV1 was towed by Tody's towing.

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

ALEX N KANE	38800	NEWTON POLICE DEPART	05/20/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00