

Police Use Only				Commonwealth of Massachusetts										RMV Document Number									
Date of Crash 06/23/2021		Time of Crash 08:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:															
Route# Direction Name of Roadway/Street At						EAST 33 BROOKLINE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number																	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street																	
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000457															
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator MORRIS TYLER Address 33 BROOKLINE ST City NEWTON State MA Zip 02467 Insurance Company BANKERS STANDARD Vehicle Travel Direction: X S E 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 # Y48Y Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20 Owner MORRIS GUYLE Address 33 BROOKLINE ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totalled																	
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility																	
Operator See Above						1 4 99 0 0 10 1																	
Operator																							
Operator																							
Operator																							
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HOLINE KEITH Address 104 MERCER ST City BOSTON State MA Zip 02127 Insurance Company PROGRESSIVE Vehicle Travel Direction: N S X 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 # 736RL3 Reg Type PAN Reg State MA Veh Year 2007 Veh Make BMW Veh Config. 1 20 Owner DUCKET DENISE Address 104 MERCER ST City BOSTON State MA Zip 02127 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 3 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totalled																	
Please fill out for operator and all occupants involved						26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility																	
Operator/Non-Motorist See Above						1 4 99 0 0 10 1																	
Operator/Non-Motorist																							
Operator/Non-Motorist																							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Brookline St

Unit 2

Unit 1

33 Brookline St

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 IN THE PROCESS OF PULLING OUT OF HIS DRIVEWAY, WHICH IS LOCATED AT 33 BROOKLINE ST. VEHICLE #2 WAS TRAVELING DOWN BROOKLINE ST, HEADING EASTBOUND. WHEN VEHICLE #2 PASSED BY VEHICLE #1 THE COLLISION OCCURRED. IT IS UNKNOWN AT THIS TIME WHETHER VEHICLE #1 STRUCK VEHICLE #2 OR VEHICLE #2 STRUCK VEHICLE #1. BOTH PARTIES DECLINED MEDICAL TREATMENT, VEHICLE #2 OPERATOR DID STATE THAT HE WAS A LITTLE SHAKEN UP, I ASKED IF HE WOULD LIKE TO BE SEEN BY AN AMBULANCE, HE DECLINED AND STATED THAT IF HE FELT THE NEED, HE WOULD DRIVE HIMSELF TO THE HOSPITAL AT A LATER TIME.

VEHICLE OPERATOR #1 STATES THAT HE THOUGHT THE COAST WAS CLEAR AS HE WAS PULLING OUT, AND VEHICLE #2 WAS SPEEDING AS HE WAS HEADING DOWN BROOKLINE ST, VEHICLE OPERATOR #2 STATES THAT VEHICLE #1 CUT HIM OFF.

I RECEIVED A CALL FROM THE HOMEOWNER TODAY (JUNE 24, 2021) A MR GUY MORRIS. HE STATED THAT HIS SON

(Continued on next page)

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

→ 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:

TYLER WAS INVOLVED IN THE ACCIDENT YESTERDAY. HE STATED THAT HE HAS HOME VIDEO SURVEILLANCE, AND THAT THE SURVEILLANCE CLEARLY SHOWS VEHICLE OPERATOR #2 DRIVING DOWN BROOKLINE ST AT A HIGH RATE OF SPEED AND NOT YIELDING TO VEHICLE #1 (HIS SON) WHO WAS PULLING OUT OF HIS DRIVEWAY. I ADVISED MR MORRIS TO FORWARD THIS VIDEO TO HIS INSURANCE COMPANY, ACCORDING TO MR MORRIS THIS VIDEO CLEARLY SHOWS VEHICLE #2 AT FAULT IN THIS ACCIDENT. HE HAS ALREADY TALKED TO HIS INSURANCE AGENT, AND IS IN THE PROCESS OF SENDING THEM THE COPY, WHICH SHOWS VEHICLE #2 FAILING TO YIELD.

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