

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/11/2021	Time of Crash 11:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
WEST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At NORTH IRVING ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000503		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator CLIFFORD WILLIAM C Address 16 PILGRIM RD City WABAN State MA Zip 02468 Insurance Company AMERICAN FAMILY CONNECT Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 9YH115 Reg Type PAN Reg State MA Veh Year 2021 Veh Make GMC Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 8 7 6 9 10 Undercarriage 11 Totaled								
Please fill out for operator and all occupants involved			13								
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- F 4 4 4 4 0 0 10 1								
CLIFFORD, OLIVIA 16 PILGRIM RD WABAN, MA 02468			--- F 4 4 4 4 0 0 10 1								
CLIFFORD, DYLAN 16 PILGRIM RD WABAN, MA 02468			--- F 6 4 4 4 0 0 10 1								
CLIFFORD, HALEY 16 PILGRIM RD WABAN, MA 02468			--- F 9 4 4 4 0 0 10 1								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			1								
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator FARMER PATRICK Address 20 RIVER City NEWTON State MA Zip 02465 Insurance Company NORFOLK & DEDHAM Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 3YS980 Reg Type PAN Reg State MA Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 8 7 6 9 10 Undercarriage 11 Totaled								
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- F 4 4 4 4 0 0 10 1								
FARMER, CORNELIA 20 RIVER ST NEWTON, MA 02465			--- F 4 4 4 4 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Ave

Crosswalk

Irving St

MV#1

MV#2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of MV#1 stated he was travelling westbound on Commonwealth Ave and had stopped for some pedestrians crossing at the crosswalk at the intersection of Irving St when he was struck from behind by MV#2. MV#1 sustained moderate damages to its trailer hitch and passenger side exhaust area. There were no reported injuries to the operator of MV#1 or its passengers.

The operator of MV#2 stated he was travelling westbound on Commonwealth Ave and could not stop in time and struck MV#1. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2 or its passenger. MV#2 was parked in front of 551 Commonwealth Ave and arranged for a personal tow.

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