

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/15/2021	Time of Crash 20:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit <u>20</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
ADAMS ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
MIDDLE ST										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			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 _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number <u>2100000513</u>			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>4YF117</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2015</u>		Veh Make <u>TOYOTA</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>ROY</u> <u>LEA</u> <u>J</u>			Owner <u>(Same as operator)</u>							
Address <u>13 WOODROW AVE</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>			City _____ State _____ Zip _____							
Insurance Company <u>THE COMMERCE INSURANCE COMAPNY</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
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 9 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>3FKY31</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2017</u>		Veh Make <u>JEEP</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>MACCORMACK</u> <u>JAMES</u>			Owner <u>(Same as operator)</u>							
Address <u>317 LOWELL AVE</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02460</u>			City _____ State _____ Zip _____							
Insurance Company <u>ARBELLA MUTUAL INSURANCE</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>4</u> <u>24</u> <u>3</u> <u>24</u>		11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
Please fill out for operator and all occupants involved										
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 9 2		NEWTON-WELLESLEY			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Adams St

Lincoln Rd

Middle 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:

The operator of Vehicle #1, Ms. Lea Roy, stated that as she was travelling Northbound on Adams St she observed Vehicle #2 stopped with it's left indicator light on. Vehicle #2 then proceeded to take the left turn onto Middle St prior to the collision with Vehicle #1. Roy complained of pain to her wrist area, but declined transport.

After the collision, the operator of Vehicle #2, Mr James MacCormack exited his vehicle and began to walk over to Vehicle #1. He then fell over and struck his head on the pavement. As he was being treated by the medics, he stated that he suffers from diabetes, and hasn't checked his blood sugar in a while. The medics confirmed that his levels were off. He was then transported to Newton-Wellesley Hospital via Medic-5.

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

DECLAN G HEALY

NEWTON POLICE DEPART

07/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date