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|--|--------------------------------|---------------------|---|--|--|---|---------------------|---|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
| Date of Crash 07/28/2021 | Time of Crash 16:30 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 1 | 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: | | | | |
| Route# Direction Name of Roadway/Street At | | | EAST 991 WATERTOWN ST Route# Direction Address # Name of Roadway/Street | | | 2 9 | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | 2 10 | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | 11 3 | | | | |
| 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 210000567 | |
| License # --- St MA DOB/Age --- | | | Reg # MP529B Reg Type MVN Reg State MA | | | 12 | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2016 Veh Make FORD Veh Config. 2 20 | | | | | | | |
| Operator HAMILTON BRANDT Last First Middle | | | Owner CITY OF NEWTON Last First Middle | | | 1 | | | | |
| Address 132 GROVE ST | | | Address 1321 WASHINGTON STREET | | | | | | | |
| City BELLINGHAM State MA Zip 02019 | | | City NEWTON State MA Zip 02465 | | | | | | | |
| Insurance Company SELF INSURED | | | Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 2 | | | 10 Undercarriage | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 13 24 24 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | | 13 | | | | |
| Name (Last First Middle) Address Age/DOB Sex | | | Operator See Above ----- --- 1 4 4 0 0 10 1 | | | 1 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 GA DOB/Age --- | | | Reg # RGQ0805 Reg Type A1 Reg State GA | | | 20 | | | | |
| Sex F Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2013 Veh Make HYUNDAI Veh Config. 1 20 | | | | | | | |
| Operator FORT ZOE ARIANA Last First Middle | | | Owner COFIELD CHERYL Last First Middle | | | | | | | |
| Address 44 EDDY ST | | | Address 217 ALDRIDGE PL | | | | | | | |
| City WALTHAM State MA Zip 02453 | | | City SMYRNA State GA Zip 30082 | | | | | | | |
| Insurance Company GEORGIA FARM BUREAU | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S X W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 2 | | | 10 Undercarriage | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | |
| 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 N | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex | | | Operator/Non-Motorist See Above ----- --- 1 4 4 0 0 8 2 | | | NWH | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

WATERTOWN ST

991 WATERTOWN ST

MV2

MV1

NOT TO SCALE

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:

MV1 was exiting the parking lot of 991 Watertown St when he collided with MV2. MV2 was travelling EB on Watertown St when she was struck on the drivers side by MV1. No injuries to Operator 1, Operator 2 was transported by Fallon ambulance with minor injuries. MV1 was driven from the scene with very minor damage. MV2 was parked on Watertown St awaiting Operator 2's release from the hospital. MV2 sustained minor damage to the drivers side Photos taken and placed into IT.

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

TIMOTHY WALTON **NEWTON POLICE DEPT** **07/28/2021**

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

CDP1 11 -24:00