

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 08/31/2021		Time of Crash 09:08 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 type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
<div><div>NORTH</div><div>WALTHAM ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WARWICK RD</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>						<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker or Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000649									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator MALONE PAUL Address 20 EDWARD RD City WATERTOWN State MA Zip 02472 Insurance Company SAFETY Vehicle Travel Direction: N X 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 # 719JZ1 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y									
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 --- 1 4 4 0 0 10 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Operator Address City State Zip Insurance Company HARTFORD FIRE Vehicle Travel Direction: N 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 # T61939 Reg Type CON Reg State MA Veh Year 2019 Veh Make FRHT Veh Config. 13 20 Owner RYDER TRUCK Address 1 JEFFERSON BLVD. City WARWICK State RI Zip 02888 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y									
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/Non-Motorist See Above --- --- ---									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

TRACTOR TRAILER BACKING INTO FAIRWAY DR. THAT HAD BLOCKED THE ROADWAY AT THE TIME OF THE CRASH. UPON MY
ARRIVAL THERE WAS NO TRACTOR TRAILER IN THE AREA. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO
CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

NEWTON POLICE DEPT.

08/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date