

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 10/14/2021		Time of Crash 15:46 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		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:							
<div><div>EAST</div><div>CALIFORNIA ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>CRAFTS ST</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 or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000829							
License # --- St MA DOB/Age ---				Reg # 5DP621 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make CHRYSLER Veh Config. 1 20											
Operator BOURINOT EVAN J				Owner GAULT WILLIAM D											
Address 26 WILLOW ST				Address 176 CIRCUIT RD											
City NEWTON State MA Zip 02453				City WINTHROP State MA Zip 02152											
Insurance Company THE COMMERCE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				<div><div>3</div><div>4</div><div>10 Undercarriage</div><div>11 Totaled</div></div>							
Citation # (If Issued)				Most Harmful Event 1 23											
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 Y											
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				4 4 4 0 0 10 1				NONE							
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 ---				Reg # 8FE137 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2009 Veh Make LEXUS Veh Config. 2 20											
Operator TAYLOR SCOTT DERBY				Owner (Same as operator)											
Address 561 MASSACHUSETTS AVE (apt. 1)				Address											
City BOSTON State MA Zip 02118				City State Zip											
Insurance Company THE STANDARD FIRE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				<div><div>3</div><div>4</div><div>10 Undercarriage</div><div>11 Totaled</div></div>							
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 5 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
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 1 4 0 0 10 1				NONE							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

The operator of Vehicle #1 stated as he was travelling Northbound on Crafts St, a vehicle took a left turn from California St onto Crafts St, causing him to apply his brakes. Vehicle 2 then collided with the rear of his vehicle.

The operator of Vehicle #2 stated that as he was travelling Northbound on Crafts St a vehicle pulled out from California St causing Vehicle #1 to apply his brakes. As a result, he collided with the rear end of Vehicle #1.

All parties involved declined medical attention when it was offered.

Both vehicles were towed from the scene as a result of being disabled.

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

DECLAN G HEALY NEWTON POLICE DEPART 10/14/2021

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

CDP1 11 -24:00