

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/06/2022		Time of Crash 07:42 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:							
WEST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____									
NORTH CENTRE STREET Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____									
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000010							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ONEILL YOLANDA K Address 10 PROSPECT HILL ST City TAUNTON State MA Zip 02780 Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS 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 # 6AD643 Reg Type PAN Reg State MA Veh Year 2017 Veh Make CHEV Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 7 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 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved				13									
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 99 0 0 10 1									
O'HARA, THOMAS --- M													
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator VANDAL NICHOLAS Address 139 OAK STREET City NOROTN State MA Zip 02766 Insurance Company EMC PROPERTY & CASUALTY COMPANY Vehicle Travel Direction: [X] 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 # V46800 Reg Type CON Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner ANDERSON CONST Address 75 WALKER STREET City NORTON State MA Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 11 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved				13									
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 99 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Commonwealth Avenue

Centre Street

Unit 1

Unit 2

NOT TO SCALE

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:

MV1 operator states she was stopped at the traffic light on Commonwealth Avenue when MV2 was on Centre Street turning right eastbound slid from the ice roadway into the front end of MV1. MV1 operator had no injuries and the vehicle sustained mild damage to the front of the vehicle.

I spoke to Operator 2 on the phone. MV2 operator states he was turning right onto Commonwealth Avenue when his vehicle lost control because of the slick roadway. MV2 operator stated he was at fault. MV2 had very little damage to the front of the vehicle due to it being a larger vehicle. MV2 operator had no injuries. No tow was needed for either vehicles.

Operator 2 shared information with operator 1, he left prior to our arrival.

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

CHRISTOPHER PERRY **NEWTON POLICE DEPT.** **01/06/2022**

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

CDP1 11 -24:00