

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/20/2022		Time of Crash 11:07 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>WEST GROVE ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH QUINOBEQUIN 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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>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>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000320							
License # --- St MA DOB/Age ---						Reg # 4070816 Reg Type CON Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____						Veh Year 2021 Veh Make DODGE Veh Config. 13 20							
Operator JAMES WILLIAM						Owner BROKEN MIRROR LI							
Address 3 SUPERIOR DR (apt. 205)						Address 400 (apt. 300) W 48TH AVE							
City NATICK State MA Zip 01760						City DENVER State CO Zip 80216							
Insurance Company US FIRE INSURANCE						Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4							
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 N							
Please fill out for operator and all occupants involved						10 Undercarriage 5 11 Totaled							
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													
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 # 1VXZ52 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____						Veh Year 2009 Veh Make FORD Veh Config. 1 20							
Operator BRADLEY MICHEAL						Owner HAYWARD NICHOLE							
Address 77 HANOVER ST (apt. 1)						Address 77 (apt. 1) HANOVER ST							
City FALL RIVER State MA Zip 02720						City FALL RIVER State MA Zip 02720							
Insurance Company GOVT EMPLOYEE						Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued) _____						Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 9 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved						10 Undercarriage 5 11 Totaled							
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													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

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:

On 4/20/2022 at approx 1107Hrs while assigned to 497 I responded to the area of Grove St and Quinobequin Rd for a report of a two car crash w/o injury. Upon arrival I met with delivery driver, William James who stated , Co Reg 4070816, when a blue Ford Focus Ma Reg 1VXZ52 being operated by Michael Bradley attempted to cut him off, jumping the island to take the left off of Grove St causing Bradleys mirror to damage the mid rear side of the delivery van. There were clear tire tracks through the mud on the island tracking on the roadway to confirm this. William stated Michael did stop and exchange but stated he was in a rush to get to an appointment and left prior to police 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

JO A GOURDEAU

NEWTON POLICE DEPART

04/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date