

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/18/2022		Time of Crash 18:30 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 checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
EAST FRANKLIN ST 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 _____								2	
SOUTH WAVERLEY AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000421			3
4				License # --- St MA DOB/Age ---		Reg # QUARK2		Reg Type PAN		Reg State MA		12	
2				Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Endorsment _____		Veh Year 2005		Veh Make PORSCHE		Veh Config. 1 20			
5				Operator KENNEDY CONNOR JOHN Last First Middle		Owner KENNEDY SIMON Last First Middle		Address 86 COMMON ST		City WATERTOWN State MA Zip 02472			
1				Address 86 COMMON ST		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
6				City WATERTOWN State MA Zip 02472		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y			
1				Insurance Company PROGRESSIVE		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			
13				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 --- --- 1 4 1 0 0 10 1		BUTUN, SELINE --- --- F 3 99 4 1 0 0 10 1			
2				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			
8				License # --- St MA DOB/Age ---		Reg # 2CEZ14		Reg Type PAN		Reg State MA			
1				Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsment _____		Veh Year 2008		Veh Make NISSAN		Veh Config. 1 20			
1				Operator JANG MIN YOUNG Last First Middle		Owner (Same as operator) Last First Middle		Address _____		City _____ State _____ Zip _____			
1				Address 915 BEACON ST (apt. A)		Vehicle Action Prior to Crash 97 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2			
1				City BOSTON State MA Zip 02215		Most Harmful Event 1 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed N			
1				Insurance Company GEICO		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			
1				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 4 1 0 0 10 1					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Waverly Ave Franklin St

P.O.I.

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 was traveling southbound on Waverly Ave a public way in the city of Newton, and MV2 was stopped at the stop sign on Franklin st also a public way in the city of Newton. MV1 was driving through the intersection of Waverly and Franklin when MV2 pulled out and hit the side of MV1. Operator of MV2 sated there was a blind spot and she could not see MV1.

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

JOSEPH CUNNING NEWTON POLICE DEPARTM 05/18/2022

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

CDP1 11 -24:00