

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 06/27/2022		Time of Crash 21:32 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>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>SOUTH 185 PARMENTER RD</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>																																																																						
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<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL</div> <div>Operator BRAND DAVID LAWRENCE</div> <div>Address 120 MYRTLE ST (apt. 3L)</div> <div>City WALTHAM State MA Zip 02453</div> <div>Insurance Company ALLSTATE INSURANCE</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>112</div> <div>Reg # JF8777 Reg Type PAN Reg State MA</div> <div>Veh Year 2018 Veh Make BMW Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 1 21</div> <div>Event Sequence 2 22 22 22 22</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed Y</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>9</div> <div>Undercarriage 11 Totaled</div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Parameter Rd

Unit 1

P.O.I.

185 Parameter Rd

N

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:

MV 1 was traveling straight Southbound on Parameter Rd. MV 1 struck MV 2 in its rear and rear left at 185 Parameter Rd. MV 1 sustained major damage to it front right and right side. MV 1 also had front and side air bag deployment. MV 1 was towed by Tody's towing. The operator of MV 1 had no injuries and signed a refusal with Fallon medics. The operator of MV 1, Mr. David Brand, stated he was changing the radio station and not paying attention to the road when he crashed into MV 2.

MV 2 was legally parked on the side of Parameter Rd at 185 Parameter Rd. MV 2 was unoccupied while legally parked. MV 1 struck MV 2 in its rear and left rear. MV 2 sustained major damage to the front left or left side and left rear. MV 2 was towed due to it 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

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

DONALD MURPHY

NEWTON POLICE DEPART

06/27/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date