

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/29/2019		Time of Crash 04:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:						9	
Route# Direction Name of Roadway/Street At				WEST 160 LAKE AVE		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		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	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000671					3
License # --- St MA DOB/Age ---				Reg # 926WTL Reg Type PAN Reg State MA		Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20						7	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsment				Operator ARTIN WENDY Last First Middle		Owner ARTIN JEAN Last First Middle						12	
Address 41 HYDE ST				City NEWTON State MA Zip 02461		Address 41 HYDE ST City NEWTON State MA Zip 02461						1	
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						5	
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 21 22 22 22 22 2		10 Undercarriage						13	
Citation # (If Issued) T1442603				Most Harmful Event 21 23		5 11 Totaled						21	
Violation 1: Ch 90/24F Sec _____ Violation 2: Ch 90/24C Sec _____				Driver Contributing Code 21 24 24		Underride/Override 25 Towed Y						6	
Violation 3: Ch 89/4A Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved								1	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above								8	
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---		Reg # Reg Type Reg State						1	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment				Veh Year Veh Make Veh Config. 20		Operator _____ Last First Middle						8	
Address _____				City State Zip		Address _____ City State Zip						1	
Insurance Company				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)						8	
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Citation # (If Issued) _____				Most Harmful Event 23		5 11 Totaled						8	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24		Underride/Override 25 Towed _____						8	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Please fill out for operator and all occupants involved								8	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above								8	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Lake Ave

P.O.I. Unit 1

160 Lake Ave

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:**

Operator of MV1 states she arrived at The Sinclair restaurant in Cambridge with a friend at approximately 11:30pm and had 1 glass of wine. Operator of MV1 states she left at closing at approximately 2am to drive her friend home located on Mass Ave. Operator of MV1 states after dropping her friend off she traveled home to 41 Hyde St in Newton. Operator of MV1 states she took Lake Ave westbound heading towards Hyde St when she was fighting off sleep and must have passed out at the wheel and struck a city tree on the eastbound side of Lake Ave in front of 160 Lake Ave. Operator of MV1 states she contacted AAA at 3:37am, but they never showed up so she abandoned the vehicle and walked home. Operator of MV1 states she didn't sustain any injuries and refused medical attention. MV1 sustained heavy damage to the left front fender and was towed by Tody's.

**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

TIMOTHY F KEEFE

NEWTON POLICE DEPT

06/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date