

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/16/2019		Time of Crash 09:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 141 NEEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													6
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000731					
License # _____ St MA DOB/Age _____				Reg # 587CB3				Reg Type PAS		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2014				Veh Make SUBARU		Veh Config. 2 20			
Operator TALANIAN HOLLY L				Owner (Same as operator)									12
Address 31 MIDDLECOT ST				Address _____									
City BELMONT State MA Zip 02478				City _____ State _____ Zip _____									
Insurance Company ARBELLA MUTUAL INS.				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22				②		3 4			
Citation # (If Issued) _____				Most Harmful Event 1 23				① ←		9		10 Undercarriage	11 Totaled
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				③		7 6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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 2		99 0 0 10 1		NONE	1
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 # 1BHF63				Reg Type PAS		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019				Veh Make NISSAN		Veh Config. 1 20			
Operator VU HA				Owner (Same as operator)									
Address 46 LYON ST (apt. 6)				Address _____									
City BOSTON State MA Zip 02122				City _____ State _____ Zip _____									
Insurance Company CITIZENS INS.				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22				②		3 4			
Citation # (If Issued) _____				Most Harmful Event 1 23				① ←		9		10 Undercarriage	11 Totaled
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 7 24 24				③		7 6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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		99 0 0 9 2		NEWTON-WELLESLEY H	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

#141 NEEDHAM ST-T.J. MAXX PLAZA

NOT TO SCALE

NEEDHAM ST

JACCONNET ST

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 07/16/19 at approximately 09:38 I responded to a two vehicle crash on Needham St. outside of #141. The Operator of Veh #1 stated she was turning left on Needham St when the South bound traffic stopped to left her turn. As she turned, Veh#2 drove South down the multi-turn lane and they collided nearly head on. Heavy damage and air bag deployment to Veh #1. The operator was checked out by Medics and signed a patient refusal.

The Operator of Veh #2 stated she was driving down the multi-turn lane South on Needham St.. She was preparing to take a left onto Jacconnet St when Veh #1 pulled out of parking lot and collided with her vehicle. I observed moderate to heavy damage to Veh #2 and noted that the vehicle didn't have its directional on. The operator of Veh #2 complained to left leg pain and was transported to Newton-Wellesley

(Continued on next page)

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

