

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/29/2019		Time of Crash 07:20 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:						9	
NORTH CENTRE ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								10	
WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street												11	
1 1				3								3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000884					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator DERBY JEANETTE Address 127 WASHINGTON STREET (apt. 25) City BRIGHTON State MA Zip 02135 Insurance Company COMMERCE				Reg # 1FJ487 Reg Type PAS Reg State MA Veh Year 2010 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
5 2				6 1								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								1	
Operator				See Above		-----		---		1 4 99 0 0 10 1			
7 7				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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LANNAN JESSICA Address 32 SUMMER STREET City NORWOOD State MA Zip 02062 Insurance Company EAN HOLDINGS				Reg # 2DF4529 Reg Type PAS Reg State MD Veh Year 2018 Veh Make NISSAN Veh Config. 1 20 Owner EAN HOLDINGS LLC Address 14002 (apt. 1500) EAST 21ST ST City TULSA State OK Zip 74134 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
8 4				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 10 1			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 MV 1 STATED SHE WAS TRAVELING OVER THE NEWTON CORNER ROTARY IN THE OUTER LANE TO CONTINUE WEST ON WASHINGTON STREET WHEN MV 2, (WHO WAS TRAVELING IN THE MIDDLE LANE ON MV 1'S LEFT) ENTERED THE OUTER LANE STRIKING MV 1 ON THE DRIVERS SIDE CAUSING MODERATE DAMAGE. NO INJURIES REPORTED AND NO TOW.

OPERATOR OF MV 2 STATED SHE WAS TRAVELING IN THE MIDDLE LANE OF THE NEWTON CORNER ROTARY ALSO TRAVELING WEST ON WASHINGTON STREET. OPERATOR OF MV 2 STATED THAT MV 1 COLLIDED WITH HER VEHICLE AND SHE DIDN'T BELIEVE THAT HER VEHICLE LEFT HER TRAVEL LANE. NO INJURIES REPORTED AND HER VEHICLE WAS TOWED PRIVATELY. IT APPEARS AS THOUGH MV 2 DRIFTED INTO MV 1'S LANE DUE TO WHERE THE DAMAGE WAS ON BOTH VEHICLES AND WHERE THE POINT OF IMPACT WAS SHOWN TO ME.

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

MATTHEW W COLELLA **NEWTON POLICE DEPTA** **08/29/2019**

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

CDP1 11 -24:00