

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/01/2019	Time of Crash 15:47 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29SOUTH VALENTINE</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of _____ Mile Marker _____ Exit Number _____</div> <div>Feet NSEW of _____ LENNOX</div> <div>Feet NSEW of _____ Route# Intersecting Roadway/Street</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000996			
License # --- St MA DOB/Age ---			Reg # SN227		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014		Veh Make SUBARU		Veh Config. 1 20			
Operator REGN JOAN			Owner (Same as operator)							
Address 123 WELD ST			Address _____							
City BOSTON State MA Zip 02132			City _____ State _____ Zip _____							
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? N			Event Sequence 2 22 43 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 43 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		8 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 See Above			-----		1 3 99 0 2 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 # 9WG975		Reg Type PAN		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 1997		Veh Make JEEP		Veh Config. 2 20			
Operator _____			Owner FISHER JOSEPH							
Address _____			Address 9 (apt. B) HARVARD TER							
City _____ State _____ Zip _____			City ALLSTON State MA Zip 02134							
Insurance Company QUINCY MUTUAL FIRE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: NSEW Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 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			-----		-----					

Crash Narrative:

On Tuesday, October 1st 2019, at approximately 3:45pm, I, Officer Brooks, responded to Valentine street by Lenox street for a motor vehicle roll over accident with entrapment. Upon my arrival I observed MV1(MA REG SN227) laying on its passenger side with heavy damage to the entire vehicle, and all air bags deployed. The operator was trapped in the driver's seat but was concious and alert. The fire department arrived and extracted the operator, who signed a patient refusal with Cataldo medics. The operator stated she had been traveling southbound on Valentine street, looked down for a moment and struck a parked car with the passenger side of her vehicle. Her vehicle then spun out and rolled onto its side.

I spoke with the owner of MV2(MA REG 9WG975) who stated he was alerted by the sound of the crash. His vehicle was legally parked on Valentine street. MV2 sustained heavy damage to the driver's side rear end.

(Continued on next page)

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JOSEPH J BROOKS		38339	NEWTON POLICE DEPT#A		10/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

♀ Pedestrian

Both vehicles were towed by Tody's and inventory forms were filled out and filed.

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00