

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/05/2019		Time of Crash 16:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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		
EAST BEACON ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
NORTH WOODWARD ST														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____								11		
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								3		
				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001139						
License # --- St MA DOB/Age ---				Reg # 5ZY534 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2008 Veh Make FORD Veh Config. 1 20										
Operator SABADA KIMBERLY A				Owner (Same as operator)									12	
Address 1216 BEACON ST (apt. 2)				Address _____										
City BROOKLINE State MA Zip 02446				City _____ State _____ Zip _____										
Insurance Company ELECTRIC INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6						
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													1	
Operator See Above				99 4 99 0 0 10 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 # 98GB83 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2007 Veh Make INFI Veh Config. 1 20										
Operator JIN ELIZABETH				Owner (Same as operator)										
Address 31 VARICK RD				Address _____										
City WABAN State MA Zip 02468				City _____ State _____ Zip _____										
Insurance Company GEICO GENERAL 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? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 4 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6						
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				99 2 1 0 0 9 2 NWH										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON ST.

Unit 2

Unit 2

WOODWARD ST.

Unit 1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

OPMV#1 Was traveling Eastbound on Beacon St when she collided with the OPMV#2 at the intersection of Beacon St at Woodward. OPMV#1 Stated she was traveling straight and all of a sudden a car pulled out in front of her causing the accident.

OPMV#2 Stated she was stopped at the intersection of Beacon St and Woodward St waiting to take a left turn onto Beacon St. OPMV#2 proceeded out into Beacon St and was struck by the OPMV#1. OPMV#2 Stated she observed a vehicle traveling Eastbound on Beacon St taking a right turn onto Woodward St and thought she had enough time to take a left turn onto Beacon St. She stated when she entered the intersection she was struck by a vehicle on Beacon St.

OPMV#2 Was transported to NWH. Both vehicles were towed by Tody's Towing.

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