

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 11/15/2019		Time of Crash 06:55 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:																																																																				
<div>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>29</div> <div>EAST 258 DERBY ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
						<div>210</div> <div></div>																																																																						
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<div>3</div> <div><input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped</div>						<div>Case Number 1900001176</div>																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator GREENBERG JEAN</div> <div>Address 285 DERBY STREET</div> <div>City NEWTON State MA Zip 02465</div> <div>Insurance Company COMMERCE INSURANCE</div> <div>Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>Reg # 23AM77 Reg Type PAN Reg State MA</div> <div>Veh Year 2014 Veh Make TOYT Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 2 22 22 22 22 2 23 3 4</div> <div>Most Harmful Event 2 23</div> <div>Driver Contributing Code 13 24 24</div> <div>Underride/Override 25 Towed Y</div> <div><div>10 Undercarriage 5 11 Totaled</div></div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

258 Derby St

MV1

P.O.I.

MV2

NOT TO SCALE

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 was travelling eastbound on Derby Street when she collided with the rear of the attached trailer on MV2, which was parked on the side of the road in front of 258 Derby St.

Operator of MV1 stated due to the sun glare she did not see the landscaping truck and trailer. MV1 sustained heavy front end damage and was towed by Tody's Towing. MV2 had very minor damage to the rear trailer and license plate. Operator of MV1 was evaluated by Cataldo and signed a patient refusal. MV2 was unoccupied at the time of the crash.

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

LAUREN MARIE KEEFE **NEWTON POLICE DEPT** **11/15/2019**

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

CDP1 11 -24-00