

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/23/2019	Time of Crash 13:27 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>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>29WEST 130 NEEDHAM ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Mile Marker Exit Number</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Feet NSEW of Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001204	
License # --- St MA DOB/Age ---			Reg # CIT112 Reg Type PAS Reg State MA			Veh Year 2019 Veh Make BMW Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment	
Operator FINKLESTEIN DIANNE Last First Middle			Owner (Same as operator) Last First Middle			Address			Address	
Address 50 CHAPIN RD			City NEWTON State MA Zip 02459			City State Zip			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company SAFETY			Vehicle Travel Direction: NSE <input checked="" type="checkbox"/> Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23	
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N	
Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved			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			99 4 99 0 0 10 1			131	
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 # 2LN313 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make VOLVO Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment	
Operator PAYNE-JOSEPH CHERYL Last First Middle			Owner (Same as operator) Last First Middle			Address			Address	
Address 165 CHRISTINA ST			City NEWTON State MA Zip 02461			City State Zip			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company ALL STATE			Vehicle Travel Direction: NS <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23	
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N	
Violation 3: Ch Sec Violation 4: Ch Sec			Please fill out for operator and all occupants involved			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 4 99 0 0 10 1			131	

→ 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:

Needham St and was struck on her passenger side front end by #1 that was driving by straight ahead in the left turn lane. #2 states she was already in the left turn lane at the time #1 collided with #2. #1 appeared to be pushed to its left as a result from impact as #1 was found partially resting in the E/B travel lane. #2 sustained significant damage starting near the center of the front end with heavier damage on the passenger side front end. #2 was also checked out by medics and signed a patient refusal. #2 was also able to be driven by the operator from the scene.

No reported witnesses.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

11/23/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date