

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/09/2020	Time of Crash 09:19 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 305 CENTRE ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000034		
License # --- St CA DOB/Age ---			Reg # 2NH419 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2015 Veh Make LEXUS Veh Config. 1 20								
Operator SATTERLEE CANDICE CHRISTINE			Owner SATTERLEE CASEY								
Address 4011 CROWN POINT DR			Address 233 (apt. 2F) TREMONT ST								
City SAN DIEGO State CA Zip 92108			City NEWTON State MA Zip 02458								
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N X E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 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 N			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 See Above			-----			1 4 99 0 0 10 1			NONE		
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 # 2FPZ21 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2018 Veh Make MAZDA Veh Config. 2 20								
Operator SAHN KUMAR DEEPAK			Owner JP MORGAN CHASE								
Address 20 WATERTOWN ST (apt. 202)			Address PO BOX 901098								
City WATERTOWN State MA Zip 02472			City FT WORTH State TX Zip 76101								
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N X E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
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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			NONE		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

Jefferson St

Unit 1

Unit 2

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:

On January 9th, 2020 at approximately 09:19 hours while assigned to N491 I responded to Centre St near Jefferson St for a two car mv crash.

On my arrival to the area I located the parties involved in this crash parked in front of #275 Washington St.

I spoke with operator #1 who stated she was going s/b on Centre St when vehicle #2 entered her lane just south of Pearl St causing the crash.

Operator #2 stated he was going s/b on Centre St and had signalled to change lanes and thought it was safe to do so and never saw vehicle #1. He struck vehicle #1 as he changed lanes.

There were no injuries and no tows.

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

THOMAS J MCCARTHY NEWTON POLICE DEPART 01/09/2020

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

CDP1 11 -24:00