

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/18/2020	Time of Crash 19:53 24HR	City/Town NEWTON	Number Vehicles 1	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:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH CHESTNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of 9 BOYLSTON ST Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000071		
License # --- St MA DOB/Age ---			Reg # 5NCD90 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2007 Veh Make MAZDA Veh Config. 2 20		
Operator FEDERMANN KAYLEE Last First Middle			Owner FEDERMANN ANDREA Last First Middle			Address 219 MELROSE ST			City AUBURNDALE State MA Zip 02466		
Insurance Company USAA CASUALTY INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 20 22 31 22 23 22 22 22 23 31 24 24 25 Towed Y		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 31 23			Driver Contributing Code 11 24 24			Underride/Override 25		
Citation # (If Issued)			Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			10 Undercarriage 5 11 Totaled		
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			13 20		
Please Select One of the Following:			<input type="checkbox"/> Vehicle # 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 # --- Reg Type --- Reg State ---			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20		
Operator --- Last First Middle			Owner --- Last First Middle			Address ---			City --- State --- Zip ---		
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 23 23 24 24 25 Towed ---		
Vehicle Travel Direction: N S E W Responding to Emergency? ---			Most Harmful Event 23			Driver Contributing Code 24 24			Underride/Override 25		
Citation # (If Issued)			Violation 1: Ch ___ Sec ___ Violation 2: Ch ___ Sec ___			Violation 3: Ch ___ Sec ___ Violation 4: Ch ___ Sec ___			10 Undercarriage 5 11 Totaled		
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:**

MV 1 was traveling north on Chestnut St when she slid into the curb striking a USPS post mail box and stop sign. The operator of MV 1 lost control of the vehicle due to incimate weather and slid into the side of the road striking the objects. The operator was not injured by the crash. Pictures of the mailbox and stop sign were taken and passed into the Newton Police IT department. The vehicle was towed due to it being disabled on a public way. A towed motor vehicle inventory sheet was filled out and filed. Postal police was notified of the downed box.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	100 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	STOP SIGN
POSTAL SERVICE, UNITED STATES,	63 LINCOLN ST NEWTON, MASSACHUSETTS 0	(800)275-8777	97	POSTAL BOX

DONALD MURPHY				NEWTON POLICE DEPARTA		01/18/2020	
Police Officer Name (Please Print)		Signature		ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00							





