

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/21/2020		Time of Crash 16:03 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:						9	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 456 NEWTONVILLE AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	
												10	
												11	
												4	
1 1		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000174							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KELLY KATHRYN Address 40 NORTH ST City NEWTON State MA Zip 02459 Insurance Company ARBELLA INSURANCE				Reg # 679DA6 Reg Type PAN Reg State MA Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20 Owner KELLY JAMES M Address 40 NORTH ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								12	
5 1				6 1				13 1					
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													
7 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 DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator UNKNOWN UNKNOWN UNKNOWN Address UNK UNK City UNK State XX Zip UNK Insurance Company UNKNOWN				Reg # UNK Reg Type UNK Reg State XX Veh Year UNK Veh Make UNK Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
8 2													
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Walnut Street

Unit 1

Unit 2

456 Newtonville Ave

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

On Wednesday 02/19/2020, at approximately 1500 hrs, operator of MV1 stated she was traveling eastbound on Newtonville Ave, right before Walnut Street, a dark colored pick up truck was traveling behind her. Operator of MV1 stated she was driving below speed limit due to the approaching intersection at Walnut street when MV2 went into the eastbound traveling lane attempting to go around her. While attempting to go around MV1, MV2 side swiped MV1 causing the driver side mirror to break off causing moderate damage to the driver side of her vehicle.

Operator of MV1 stated the pick up truck then stopped in front of her and the operator, an adult male began to yell at her then drive off. Operator of MV1 stated she got back in her car and did not get any information and did not have her cell phone to call the police. Operator of MV1 stated she was able to

(Continued on next page)

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

♀ Pedestrian



No further description of the pick up truck was provided.

CDP1 11 ·24·00