

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 03/30/2020	Time of Crash 13:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 30 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:				2 9									
NORTH CHESTNUT ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								2 10									
EAST FULLER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								11 3									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				Landmark													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000250											
License # --- St MA DOB/Age ---			Reg # 1KTX74 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make JEEP Veh Config. 2 20					12 1									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Operator CHAMBRELLI DANIELLE MARIE Endorsment			Owner (Same as operator)														
Address 230 WALNUT ST (apt. 44)			City NEWTON State MA Zip 02460			Insurance Company GEICO														
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24											
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved											13 1									
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	1	99	0	0	8	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 MA DOB/Age ---			Reg # 6TX721 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make AUDI Veh Config. 1 20														
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Operator SOLOMAN PERRY Endorsment			Owner (Same as operator)														
Address 26 HOMESTEAD ST			City WABAN State MA Zip 02468			Insurance Company SAFETY INSURANCE														
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 3 24 24			Underride/Override 25 Towed Y								
Citation # (If Issued) T1269530			Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
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	99		0	0	10	1		

→ Direction

ie: → 1 → 2 →

1 = Vehicle 1

2 = Vehicle 2

○ Pedestrian

**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:**

Operator 1 stated she was driving northbound on Chestnut St approaching the intersection of Fuller St when she observed MV2 stopped at the stop sign facing eastbound on Fuller St. Operator 1 stated that MV2 pulled out into the intersection where she collided with MV2 causing major damage to the front end of her MV. The momentum of MV1 caused MV1 to proceed onto the property of 404 Chestnut St destorying the lawn and about 6 feet of bushes. Operator 1 sustained minor injuries to her left hand and was tended to by medics.

Operator 2 stated he was driving eastbound on Fuller St and stopped at the stop sign at the intersection of Chestnut St. Operator 2 stated he looked and did not see any oncoming motor vehicles and proceeded to enter

(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
FREEDMAN, STEVEN,	404 CHESTNUT ST NEWTON, MASSACHUSETTS 02	617-930-1119	97	DESTROYED LAWN AND BUSHES

**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

### Crash Diagram:

I spoke with the homeowner of 404 Chestnut and notified him of the damage to his property.