

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/23/2020	Time of Crash 22:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	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:				
Route# Direction Name of Roadway/Street At			EAST 385 WARD ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000304	
License # --- St MA DOB/Age ---			Reg # 6BL887 Reg Type PAN Reg State MA			Veh Year 2006 Veh Make LEXS Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator ABRAMS TALYA First Middle			Owner ABRAMS LYNN First Middle				
Address 45 MORSELAND AVE			City NEWTON State MA Zip 02459			Address 45 MORSELAND AVE				
City NEWTON State MA Zip 02459			Insurance Company USAA			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 21 22 22 22 22 2 3 4			Most Harmful Event 21 23 10 Undercarriage 5 11 Totaled				
Citation # (If Issued) _____			Driver Contributing Code 12 24 19 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ 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 See Above			ABRAMS, ADINA 45 MORSELAND AVE NEWTON, MA 02459				
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 _____			Operator --- Last First Middle			Owner --- Last First Middle				
Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
City _____ State _____ Zip _____			Insurance Company _____			Event Sequence 22 22 22 22 2 3 4				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Most Harmful Event 23			Driver Contributing Code 24 24				
Citation # (If Issued) _____			Underride/Override 25 Towed _____			10 Undercarriage 5 11 Totaled				
Violation 1: Ch _____ 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							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Wards St

365 Ward St
Temple Emanuel

NOT TO SCALE

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:

Motor Vehicle 1 was traveling eastbound on Ward St when driver didn't account for the bend in the road. Driver tried to oversteer the vehicle and lost control of the vehicle. Vehicle then hit a tree in front of 385 Ward St. Vehicle was towed.

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

KATELYN MARY POHLMAN NEWTON POLICE DEPART 05/23/2020

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

CDP1 11 -24:00