

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/11/2020	Time of Crash 16:12 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
WEST ALLERTON RD											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of or Mile Marker Exit Number								
SOUTH CENTRE ST											
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000324		
License # --- St MA DOB/Age ---			Reg # 2998ZP Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2009 Veh Make INFINITI Veh Config. 2 20								
Operator NELSON MARIANNE E			Owner (Same as operator)								
Address 99 WINTER STREET			Address								
City HOLLISTON State MA Zip 01746			City State Zip								
Insurance Company PLYMOUTH ROCK			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			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			7					
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 4 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 # HB614 Reg Type PAS Reg State RI								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2017 Veh Make TOYOTA Veh Config. 2 20								
Operator SHINER JESSICA B			Owner TOYOTA LEAST TRU								
Address 1038 BEACON ST			Address PO BOX 105386								
City NEWTON State MA Zip 02459			City ATLANTA State GA Zip 30348								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24			6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			7					
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 4 0 0 10 1			NONE		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

ALLERTON RD

CENTRE STREET

Unit 2

P.O.

Unit 1

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

⊙ N

Crash Narrative:

Operator of Vehicle #1 stated that she was traveling south on Centre Street, approaching the intersection with Allerton Rd. Vehicle #2 pulled out from Allerton Rd and struck the driver's side of Vehicle #1. Vehicle #1 sustained damage to the driver's side front and middle. It was driven away from the scene.

Operator of Vehicle #2 stated that she was pulling out from Allerton Rd onto Centre Street heading West. Vehicle #2 struck Vehicle #1. Vehicle #2 sustained heavy front end damage and was towed from the scene by Tody's Towing.

At the intersection of Centre St and Allerton Rd, Allerton Rd has a stop sign on either side and Centre St has the right of way. No injuries were reported.

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