

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/09/2020	Time of Crash 14:19 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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			WEST 308 PRINCE Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000506		
License # --- St MA DOB/Age ---			Reg # 7AN746 Reg Type PAN Reg State MA			Veh Year 2004 Veh Make CHRY Veh Config. 1 20					
Sex F Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004 Veh Make CHRY Veh Config. 1 20			Operator WYNN SALLY First Middle			Owner (Same as operator) First Middle		
Address 137 RUMFORD AVE			City NEWTON State MA Zip 02466			Insurance Company NONE			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)		
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 20 22 22 22 22 2			Most Harmful Event 20 23			Driver Contributing Code 97 24 24		
Citation # (If Issued) T2079683			Violation 1: Ch 90/234 Sec Violation 2: Ch 90/9/B Sec			Violation 3: Ch 90/341 Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed Y		
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			Operator/Non-Motorist See Above		
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			Veh Year Veh Make Veh Config. 20					
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)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 2			Most Harmful Event 23			Driver Contributing Code 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 _____		
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			Operator/Non-Motorist See Above		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

COMMONWEALTH AVE

PRINCE ST

308 PRINCE ST

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:**

The operator of MV1, Sally Wynn, stated she was driving her vehicle on Prince St and her breaks failed her. MV1 stated that she began to roll backwards on Prince St, panicked, and accelerated onto the curb. MV1 came to rest on the property of 308 Prince St. The vehicle came in contact with the front yard wall and railing, damaging both. I took photos of the damage and submitted them to the IT Bureau.

Sally Wynn was cited for MGL c90s23 Operating after Suspension, MGL c90s9 Operating an Unregistered Vehicle, MGL c90/34J Operating an Uninsured Vehicle

MV1 stated she had no injuries. The vehicle was towed by Tody's.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
KELLY, OWLEN,	308 PRINCE ST NEWTON, MASSACHUSETTS 0	617-817-4178	97	RAILING AND WALL

**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

ANDREW SCOTT VELLO      NEWTON POLICE DEPARTM      09/09/2020

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

CDP1 11 -24:00