

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 09/12/2020	Time of Crash 14:54 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 15 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:								
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:											
												2 9							
Route# Direction Name of Roadway/Street At				NORTH 300 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker or Exit Number								2 10							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								11 6							
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 2000000512													
License # --- St MA DOB/Age ---				Reg # FW496 Reg Type PAS Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2008 Veh Make BMW Veh Config. 1 20								12 7							
Operator SRINIVASAN SUBHASHRI Last First Middle				Owner (Same as operator) Last First Middle															
Address 16 KINGSTON RD				Address															
City NEWTON State MA Zip 02461				City State Zip															
Insurance Company LIBERTY MUTUAL INS				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				10 Undercarriage 11 Totaled											
Citation # (If Issued)				Most Harmful Event 1 23															
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24															
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																			
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 # 343E90 Reg Type PAS Reg State MA															
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2020 Veh Make HONDA Veh Config. 1 20															
Operator LEACOCK NATHANIEL Last First Middle				Owner HONDA LEASE TRU! Last First Middle															
Address 12 CASTLEGATE RD (apt. 8)				Address 600 KELLY WAY															
City DORCHESTER State MA Zip 02121				City HOLYOKE State MA Zip 01040															
Insurance Company SAFECO INS.				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage 11 Totaled											
Citation # (If Issued) T2080848				Most Harmful Event 1 23															
Violation 1: Ch 89/1 Sec Violation 2: Ch Sec				Driver Contributing Code 6 24 24															
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/Non-Motorist See Above																			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

### Crash Diagram:

ie: → 1 → 2 →

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 veh #1 stated she was in the parking lot of #300 Needham St. and driving South bound when veh #2 drove around the corner due North at an excessive rate of speed and drove into her. Heavy damage to veh #1.

The operator of veh #2 stated she was driving in the parking lot of #300 Needham St. when she struck veh #1 because she didn't see it. Heavy damage to veh #2 with its front airbag deployed. Both operator's were checked out by the Medics and signed patient refusals. Both vehicles were towed by Tody's towing. The operator of veh #2 was issued Mass. Citation #T2080848 in hand for Ch 89/ Sec 1-Failure to keep right.

### 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 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