

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 09/13/2020		Time of Crash 17:27 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:													
																2 9					
Route# Direction Name of Roadway/Street At						EAST 47 BUNKER LA Route# Direction Address # Name of Roadway/Street										2 10					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Mile Marker or Exit Number															
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										1 11					
Route# Direction Name of Intersecting Roadway/Street						Landmark															
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000516													
License # --- St MA DOB/Age ---						Reg # 667PG8 Reg Type PAN Reg State MA															
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2017 Veh Make HONDA Veh Config. 2 20															
Operator BUBAR ALLISON Last First Middle						Owner BUBAR JOSHUA M Last First Middle						3 12									
Address 17 FAIRWAY DR						Address 17 FAIRWAY DRIVE															
City NEWTON State MA Zip 02465						City NEWTON State MA Zip 02468															
Insurance Company USAA CASUALTY						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						10 Undercarriage 11 Totaled									
Citation # (If Issued)						Most Harmful Event 21 23															
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 9 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 21			
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																					
BUBAR, JOSHUA, M 17 FAIRWAY DRIVE NEWTON, MA 02468																					
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 Endorsment						Veh Year --- Veh Make --- Veh Config. 20															
Operator --- Last First Middle						Owner --- Last First Middle															
Address ---						Address ---															
City --- State --- Zip ---						City --- State --- Zip ---															
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Operator/Non-Motorist See Above																					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ○ Pedestrian

ie: → 1    → 2    → ○

**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:**

On Sunday, September 13th 2020, at approximately 5:30pm, I, Officer Brooks, responded to 47 Bunker lane for a single car MVA into a tree. Upon my arrival I spoke with the owner of MV1 (MA REG 667PG8), who stated he was teaching his daughter how to drive. He stated they were traveling northbound on Fairway drive, and upon turning eastbound onto Bunker Lane his daughter hit the gas instead of the brake and accelerated into a tree. The car sustained heavy front end damage with airbag deployment. Cataldo responded and cleared with 2 patient refusals. 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

**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