

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/07/2020		Time of Crash 17:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 20 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 11 MOSSFIELD RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000583			1
1				License # --- St MA DOB/Age ---		Reg # 57ZN30		Reg Type PAN		Reg State MA		12	
4				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2020		Veh Make CHYR		Veh Config. 1 20		1	
1				Operator GELLERT COLLEEN Last First Middle		Owner GELLERT ANDREW Last First Middle		Address 46 MOSSFIELD		City NEWTON State MA Zip 02467		1	
5				Address 46 MOSSFIELD		City NEWTON State MA Zip 02467		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		13	
1				Insurance Company SAFETY		Event Sequence 21 22 22 22 22 2		Most Harmful Event 21 23		Driver Contributing Code 1 24 24		21	
6				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		2	
2				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 --- --- 99 4 4 0 0 10 1 NONE		GELLERT, ANNA 46 MOSSFEILD NEWTON, MA --- F 6 99 4 4 0 0 10 1		13	
7				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		1		2		1	
8				License # _____ St _____ DOB/Age _____		Reg # _____		Reg Type _____		Reg State _____		1	
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year _____		Veh Make _____		Veh Config. 20		1	
1				Operator _____ Last First Middle		Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____		1	
1				Address _____		City _____ State _____ Zip _____		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)		1	
1				Insurance Company _____		Event Sequence 22 22 22 22 2		Most Harmful Event 23		Driver Contributing Code 24 24		1	
1				Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		1	
1				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	
1												1	
1												1	
1												1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Mossfield Road

Unit 1

11 Mossfield Rd

→ N →

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 vehicle 1 stated she was traveling Westbound of Mossfield Rd when a large tree fell on top of her car. The tree which belongs to 11 Mossfield Rd landed on the hood, windshield and front half of the roof. The impact caused major damage to the vehicle. The occupants were able to exit the vehicle and reported no injuries. Pictures of the incident were taken by me and submitted to IT.

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

THOMAS BANNON NEWTON POLICE DEPT 10/07/2020

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

CDP1 11 -24:00