

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/20/2020	Time of Crash 13:16 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>22Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 1000 COMMONWEALTH AVE</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000605			
License # --- St MA DOB/Age ---			Reg # E182		Reg Type STN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2014		Veh Make FORD		Veh Config. 2 20			
Operator SUSS LORI J			Owner (Same as operator)						312	
Address 8 STARZEC DR			Address							
City WEBSTER State MA Zip 01570			City State Zip							
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 21						Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22		2		3 4		10 Undercarriage	
Citation # (If Issued)			Most Harmful Event 2 23		1		9		5 11 Totaled	
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 12 24 24		8		7 6			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25		Towed N					
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		Age/DOB		Sex	
Operator			See Above		-----		---		---	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16	
License # --- St DOB/Age ---			Reg # 2PF824		Reg Type PAN		Reg State MA			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2012		Veh Make FORD		Veh Config. 2 20			
Operator --- Last First Middle			Owner FINAMORE DEBRA JEAN		Last First Middle					
Address			Address 139 PLEASANT ST							
City State Zip			City WALPOLE State MA Zip 02032							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22		2		3 4		10 Undercarriage	
Citation # (If Issued)			Most Harmful Event 2 23		Q		9		5 11 Totaled	
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		Q		7 6			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25		Towed N					
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		Age/DOB		Sex	
Operator/Non-Motorist			See Above		-----		---		---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Commonwealth Ave

1000 Commonwealth Ave

MV#1

MV#2

← 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 MV#1 stated she was travelling northbound on the driveway of 1000 Commonwealth Ave (Newton City Hall's front entrance on the Commonwealth Ave's side) when she sneezed and veered off her travel lane striking MV#2. MV#1 sustained minor damage to its passenger's side rear bumper. There were no reported injuries to the operator of MV#1.

MV#2 was parked and unoccupied on 1000 Commonwealth Ave (Newton City Hall's front entrance on the Commonwealth Ave's side) when it was struck by MV#1. MV#2 sustained heavy front end damages with its front bumper ripped off.

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