Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
10/22/2020	10:03 24HR	NEWTON	1	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 / 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street

2 / 9 — Route# NORTH | Direction | Address # 80 | Name of Roadway/Street REDWOOD RD
2 / 10 — ____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or ____ Exit Number
____ Feet [N S E W] of Route# | Intersecting Roadway/Street
1 / 11 — ____ Feet [N S E W] of Landmark

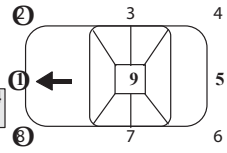
3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000607

Vehicle 1

License # --- St MA DOB/Age -- -- ----
Sex F | Lic. Class D (18 | 18) | Lic. Restrictions B (19) | CDL Endorsment
4 / 1 — Operator TAMARIN (Last) VIRGINIA (First) (Middle)
Address 238 HARTMAN ROAD
City NEWTON State MA Zip 02459
Insurance Company COMMERCE INS
5 / 1 — Vehicle Travel Direction: [X] S E W | Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec | Violation 2: Ch Sec
6 / 1 — Violation 3: Ch Sec | Violation 4: Ch Sec

Reg # 7658HX | Reg Type PAN | Reg State MA
Veh Year 2010 | Veh Make TOYOTA | Veh Config. 1 (20)
3 / 12 — Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash (21) 1
Event Sequence (21) 21 | (22) | (22) | (22) | (22)
Most Harmful Event (23) 21
Driver Contributing Code (24) 19 | (24)
Underride/Override (25)
Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

13 / 21

7 / 1 — Please Select One of the Following: ☐ Vehicle ___ # Occupants | ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) | ☐ Hit/Run | ☐ Moped

Vehicle

License # St DOB/Age
Sex Lic. Class (18 | 18) | Lic. Restrictions (19) | CDL Endorsment
8 / 1 — Operator (Last) (First) (Middle)
Address
City State Zip
Insurance Company
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

Reg # | Reg Type | Reg State
Veh Year | Veh Make | Veh Config. (20)
Owner (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash (21)
Event Sequence (22) | (22) | (22) | (22)
Most Harmful Event (23)
Driver Contributing Code (24) | (24)
Underride/Override (25)
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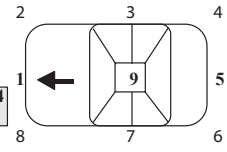
Damaged Area Code: (Circle Up to Three)



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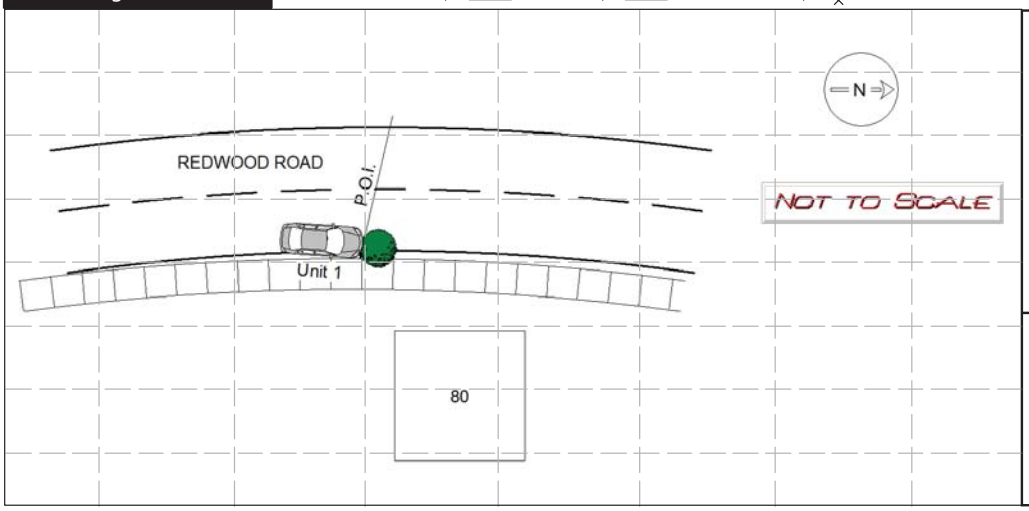
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

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:

On 10/22/20, while assigned to N499, I, Officer Conary, responded to 80 Redwood Road, for a report of a single vehicle accident into a tree. Upon arrival, I met with the Operator of MV's husband who was standing by at the car. Operator of MV1 walked home to contact her insurance company but she was on her way back to the accident. Operator of MV1 explained to me that she was traveling Northbound on Redwood Road to her house when she was adjusting the air conditioner. She stated she looked down twice to adjust it and then she hit the tree. Operator of MV1 declined medical attention. MV1 had heavy front end damage and was towed by Tody's. There was minor damage to the City of Newton tree. Pictures were taken and submitted to IT accordingly. City of Newton DPW was notified of the debris in the road and sidewalk.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS 0	6177961000	3	TREE

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

KRISTINA CONARY		NEWTON POLICE DEPARTM			10/22/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date