

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/25/2020	Time of Crash 03:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 173 GRANT AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000612			
License # _____ St MA DOB/Age _____			Reg # 3R5750		Reg Type PAN		Reg State MA			
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2016		Veh Make GMC		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator FLEMING KRISTEN LEE			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 30 NEWLAND DR			Address _____		First _____ Middle _____		Last _____			
City WHITMAN State MA Zip 02382			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company GOVERNMENT EMPLOYEE			Event Sequence <input type="checkbox"/> 97 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event <input type="checkbox"/> 97 <input type="checkbox"/> 23		<input type="checkbox"/> 1 <input type="checkbox"/> 9		5 11 Totaled			
Citation # (If Issued) T2013338			Driver Contributing Code <input type="checkbox"/> 97 <input type="checkbox"/> 24 <input type="checkbox"/> 24		<input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6					
Violation 1: Ch 90/244 Sec _____ Violation 2: Ch 90/244 Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 _____			
Operator See Above			99 3 1		30 Eject Code _____ 31 Trap Code _____		32 Injury Status _____ 33 Transp. Code _____			
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____		Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20					
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20		Owner _____					
Operator _____			Owner _____		First _____ Middle _____					
Address _____			Address _____		First _____ Middle _____					
City _____ State _____ Zip _____			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <input type="checkbox"/> 23		<input type="checkbox"/> 1 <input type="checkbox"/> 9		5 11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24		<input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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 _____			
Operator/Non-Motorist See Above			99 3 1		30 Eject Code _____ 31 Trap Code _____		32 Injury Status _____ 33 Transp. Code _____			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ⊕ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Grant Ave

173 Grant Ave

Marshall St

NOT TO SCALE

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 10/25/2020 at approximately 0330 hours, I responded to 173 Grant Ave for a report of a vehicle into the residence.

Upon arrival, the operator of the vehicle was out of her vehicle and speaking with the medics. She stated is that she was driving southbound on Grant Ave when a car swerved at her causing her to swerve. As I was speaking with her, I smelt a strong odor of alcohol and she was slurring her speech. She was brought into the ambulance due to her possible head injuries. She was transported to Newton Wellesley for an evaluation. The residence had structural damage to front window and the door frame.

The vehicle was removed and towed by Todys and a towed motor vehicle form was filled out and filed.

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

TIFFANY L HAMANN NEWTON POLICE DEPT 10/25/2020

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

CDP1 11 -24:00