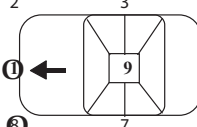
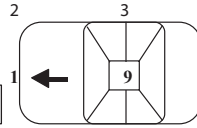


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/26/2020	Time of Crash 14:15 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		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: _____			
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>						
<b>1</b> Route# Direction Name of Roadway/Street At			<b>2</b> NORTH SEMINARY 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								
<b>2</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			<b>10</b> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ NEAR GROVE ST Route# Intersecting Roadway/Street								
<b>3</b> Route# Direction Name of Intersecting Roadway/Street			<b>11</b> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000614		
License # --- St MA DOB/Age ---			Reg # 8359DP			Reg Type PAN			Reg State MA		
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 9 <input type="checkbox"/> 19 CDL _____			Veh Year 2007			Veh Make NISS			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20		
<b>4</b> Operator CAMPBELL ANN Last First Middle			Owner (Same as operator)			Last First Middle			<b>12</b>		
Address 125B SEMINARY AVE (apt. 228)			Address			City _____ State _____ Zip _____					
City NEWTON State MA Zip 02465			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 ARBELLA			Event Sequence <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22						10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event <input type="checkbox"/> 23 <input type="checkbox"/> 23			Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 24 <input type="checkbox"/> 24			5 11 Totaled		
Citation # (If Issued) _____			Underride/Override <input type="checkbox"/> 25 Towed Y								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
<b>6</b> Please fill out for operator and all occupants involved									<b>13</b>		
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			<b>20</b>		
Operator See Above			-----			99 4 4 0 0 9 2					
<b>7</b> 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 _____		
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. <input type="checkbox"/> 20		
<b>8</b> Operator _____ Last First Middle			Owner _____ Last First Middle			City _____ State _____ Zip _____					
Address _____			Address _____			City _____ State _____ Zip _____					
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						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"/> 23			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24			5 11 Totaled		
Citation # (If Issued) _____			Underride/Override <input type="checkbox"/> 25 Towed _____								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
<b>8</b> Please fill out for operator and all occupants involved									<b>13</b>		
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			<b>20</b>		
Operator/Non-Motorist See Above			-----			-----					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Grove Street

Seminary Ave

Unit 1

← 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:**

I did not speak with the operator because she was immediately put into the ambulance when I arrived. The operator did not appear to have any serious injuries and walked to the ambulance from her MV.

Appears that MV#1 was traveling north on Seminary Ave when it veered to the left and struck the curb and then a light pole on the side of the roadway.

MV was parked in a safe spot on Lasell property as it had only minor damage.

**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