

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/28/2020	Time of Crash 08:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 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:					
LEWIS TERR										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____							
NEWTONVILLE AVE			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Feet N S E W of _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000617	
License # --- St MA DOB/Age ---			Reg # 7VB971			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2016			Veh Make MAZDA			Veh Config. 2 20	
Operator ERLER KATHERINE ANNA			Owner ERLER ANITA A							
Address 7 CARNEGIE PL			Address 7 CARNEGIE PLACE							
City LEXINGTON State MA Zip 02420			City LEXINGTON State MA Zip 02420							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Driver Contributing Code 1 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25			Underride/Override 25			Towed N	
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 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---			Reg # 1HKT75			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012			Veh Make JEEP			Veh Config. 2 20	
Operator DAMORE PAUL			Owner PESCOSOLIDO SAVANA T							
Address 60 BROOKSIDE AVE			Address 20 BRIDGES AVE							
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02466							
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			Most Harmful Event 1 23			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24			Driver Contributing Code 9 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25			Underride/Override 25			Towed N	
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 4 99 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

Newtonville Ave

Lewis St

Lewis Terrace

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On October 28th, 2020 at approximately 08:13 hours while assigned to N491 I responded to the intersection of Newtonville Ave @ Lewis Terrace for a report of MV crash.

On my arrival I located the two involved vehicles on the other side of the intersection on Lewis St. Vehicle #1 a grey 2016 Gray Mazda SUV, Ma reg 7vb971 operator identified as Katherine Anna Erler. She reported that she was stopped S/B on Lewis Terrace @ Newtonville Ave when vehicle #2 drove into the front of her vehicle as he turned left from Newtonville Ave.

Vehicle #2 was a Red Grand Jeep Cherokee, Ma reg 1HKT75 operated by Paul Damore. He reported being on Newtonville Ave E/B attempting to turn left(N/B) onto Lewis Terrace when he got distracted by another vehicle coming from Lewis St and drove into vehicle #1.

(Continued on next page)

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 J MCCARTHY

NEWTON POLICE DEPART

10/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

ie:  $\rightarrow$  1  $\rightarrow$  2  $\rightarrow$  

Crash Diagram:		ie: → 1	→ 2	→ Person					

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:

All streets mentioned in this crash are public ways maintained by the city.

There were no injuries in this crash and neither vehicle needed to be towed.

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:

<b>Truck and Bus Information:</b>		Registration # _____ (From Vehicle Section)	
Carrier Name _____	Carrier Issuing Authority Code _____		<div>35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div>39</div>
<b>Hazmat Information:</b>			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>

THOMAS J MCCARTHY

NEWTON POLICE DEPARTMENT

10/28/2020

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_