

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/10/2020	Time of Crash 17:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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><div><div>SOUTH</div><div>ALBEMARLE RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>CRAFTS ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div>			<div><div>Route# 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</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000650				
License # --- St MA DOB/Age ---			Reg # 9HX163		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL			Veh Year 2014		Veh Make VOLK		Veh Config. 20				
Operator LANFEAR TESSA			Owner (Same as operator)								
Address 10 FARMINGTON			Address								
City NEWTON State MA Zip 02465			City State Zip								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4								
Citation # (If Issued)			Most Harmful Event 1 23 10 Undercarriage								
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24 5 11 Totaled								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved			13								
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			NA								
MATOS, DOMINIC 619 WASHINGTON ST NEWTON, MA			NA								
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 # 3EW847		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2015		Veh Make HYUN		Veh Config. 1 20				
Operator CONNOR JANE			Owner (Same as operator)								
Address 117 JERROLD ST			Address								
City HOLLISTON State MA Zip 01746			City State Zip								
Insurance Company LIBERTY MUTUAL INS			Vehicle Action Prior to Crash 6 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 2 3 4								
Citation # (If Issued)			Most Harmful Event 1 23 10 Undercarriage								
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24 5 11 Totaled								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved			13								
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			NA								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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 11/10/20 I was working N492 when I responded to the area of Albemarle Rd. at Crafts St. for a 2 car MVA. Upon arrival I spoke with the Operator of Veh 2 Jane Connor. Connor stated she was traveling southbound on Albemarle Rd. when she came to the stop sign at Crafts St., which she came to a complete stop at. However she believed she had enough time to get across the intersection and pulled into the roadway causing a collision with Veh 1. Connor stated it was her fault and she had misjudged the distance and speed of Veh 1. I then spoke with the operator of Veh 1 Tessa Lanfear. Lanfear stated while traveling east bound on Crafts St. Veh 2 Pulled out of Albemarle Rd. into the roadway in front of her causing a collision. Todys responded and towed Veh 2 at the owners request. Newton Medics obtained patient refusals for all parties involved. All parties were provided with a crash report number.

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 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