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|---|--|--|-------------------------------|---|--|--------------------------------------|---------------------|---|---------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 11/29/2020 | | Time of Crash 12:34 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 2 | 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: | | | | | | 9 | |
| SOUTH ADAMS ST | | | | | | | | | | | | 2 | |
| Route# Direction Name of Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | 10 | |
| At | | | | Feet N S E W of _____ or _____ | | | | | | | | | |
| WEST WASHINGTON ST | | | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Mile Marker Exit Number | | | | | | | | | |
| Also at Intersection with | | | | Feet N S E W of _____ | | | | | | | | 11 | |
| | | | | Route# Intersecting Roadway/Street | | | | | | | | 3 | |
| 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 200000682 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 457MBR Reg Type PAN Reg State MA | | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2018 Veh Make PORSCHE Veh Config. 2 20 | | | | | | | | | |
| Operator UHRIG JENNIFER | | | | Owner (Same as operator) | | | | | | | | 12 | |
| Address 183 RDIGEWAY RD | | | | Address _____ | | | | | | | | | |
| City WESTON State MA Zip 02493 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company STANDARD FIRE | | | | 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 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | 7 8 9 10 11 12 13 | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | | | |
| Operator See Above | | | | 1 3 1 0 0 9 2 NWH | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 # 8MZ476 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2018 Veh Make NISSAN Veh Config. 2 20 | | | | | | | | | |
| Operator BREVDE MICHAEL | | | | Owner BREVDE SVETLANA | | | | | | | | | |
| Address 89 NEEDHAM ST (apt. 2208) | | | | Address 89 NEEDHAM ST | | | | | | | | | |
| City NEWTON State MA Zip 02461 | | | | City NEWTON State MA Zip 02461 | | | | | | | | | |
| Insurance Company SAFETY INS | | | | Vehicle Action Prior to Crash 4 21 | | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 | | | | 3 4 | | | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | | | 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | 7 8 9 10 11 12 13 | | | | | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | | 1 3 1 0 0 9 1 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Adams St

Washington St

Lewis Terr

Unit 1

Unit 2

Witness Vehicle

← 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:

Michael Brevde was operating Ma Reg 8MZ476 W/B on Washington St. Bervde states that he was taking a Left turn on to Lewis Terr when he was struck by Ma Reg. 467MBR.

Jennifer Uhrig was operating Ma Reg 467MBR E/B on Washington St. Uhrig states that Brevde pulled in front of him taking a left turn when the accident occurred. Both vehicles towed by Todys. Uhrig transported to NWH by Cataldo.

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|------------------------------------|---------|-----------|
| ANGELUCCI, JOHN, | 106 SARGENT ST NEWTON, MA 02458 | ----- | Y |
| | | | |

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

11/29/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date