

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/17/2020	Time of Crash 15:57 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:							
WEST HARTMAN RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH MEADOWBROOK RD Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000747					
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ALMEIDA MARCELA Address 17 E QUINOBEQUIN RD City NEWTON State MA Zip 02468 Insurance Company STATE FARM			Reg # 1PXK23 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TESLA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled									
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility Operator See Above ----- --- --- 99 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 _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LAMBRIANIDIS NICHOLAS Address 3 NARDONE RD City NEWTON State MA Zip 02459 Insurance Company TRAVELERS			Reg # V66666 Reg Type CON Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled									
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Meadowbrook Rd

Fox Ln

Hartman Rd

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:

Vehicle 1 was stopped at the stop sign on Meadowbrook Rd, travelling southbound. Vehicle 2 was making a right turn onto Meadowbrook Rd from Hartman Rd. Vehicle 2 struck vehicle 1 on the drivers side, causing moderate damage. Vehicle 2 had minor damage to the front left bumper. No one was injured due to the accident. Tody's towed vehicle 1 to their lot.

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

TIMOTHY ROCHE

NEWTON POLICE DEPART

12/17/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date