

Commonwealth of Massachusetts

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 12/21/2020	Time of Crash 16:48 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 checked="" type="checkbox"/> Other:				
AT INTERSECTION:						<	LOCATION				>				NOT AT INTERSECTION:				
WEST HOMER ST Route# Direction Name of Roadway/Street At SOUTH ASHTON AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street										East Route# Direction Address # Name of Roadway/Street Feet [N][S][E][W] of Mile Marker or 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 200000763									
License # --- St MA DOB/Age ---- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator ARNESE JULIA ANNE Address 12 COTTAGE CT (apt. 8) City NEWTON State MA Zip 02458 Insurance Company ALLSTATE 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										Reg # 3HYJ91 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N Diagram: 10 Undercarriage 5 11 Totaled									
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	4	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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator NAMULINDWA ELIZABETH Address 70 MIDDLESEX RD (apt. 5) City WALTHAM State MA Zip 02452 Insurance Company PROGRESSIVE Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec										Reg # 241E30 Reg Type PAN Reg State MA Veh Year 2017 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Diagram: 10 Undercarriage 5 11 Totaled									
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Operator/Non-Motorist	See Above					- - - - -	- - -	- - -	1	4	4	0	0	10	1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Ashton ave
Homer St
Pleasant st
Unit 2

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:

Mv 1 stated she was stopped at the stop sign on Ashton Ave. MV 1 was heading southbound and proceeded onto Homer St. to follow through to Pleasant St. Mv1 thought she had enough distance from Mv 2. Mv 1 then got hit on her driver side door by Mv 2.

Mv 2 stated she was driving westbound on Homer St. when Mv 1 pulled out too fast from Ashton ave and caused the accident.

No injuries were reported. No tows were needed.

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