

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/31/2020	Time of Crash 16:57 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
GROVE ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of				Mile Marker Exit Number				
WEST CORNELL ST											
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 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000775		
License # --- St MA DOB/Age ---			Reg # 1DCY97 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2015 Veh Make JEEP Veh Config. 1 20								
Operator SAUNDERS CHARLOTTE			Owner SAUNDERS ELIZABETH								
Address 6 COLGATE CIRCLE			Address 6 COLGATE CIRCLE								
City NEWTON State MA Zip 02462			City NEWTON State MA Zip 02462								
Insurance Company USAA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 23 22 22 22 22			2 3 4					
Citation # (If Issued)			Most Harmful Event 23 23			10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			8 7 6					
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 type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # --- Reg Type --- Reg State ---								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year --- Veh Make --- Veh Config. 20								
Operator ---			Owner ---								
Address ---			Address ---								
City --- State --- Zip ---			City --- State --- Zip ---								
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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Operator/Non-Motorist See Above			-----			-----					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

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:

The operator of vehicle 1 was travelling westbound on Cornell St. Vehicle 1 travelled through the intersection of Cornell and Grove St, and struck the stop sign on the opposite side of Cornell St. The stop sign was completely knocked over. Vehicle 1 was registered to 6 Colgate Cir. I observed vehicle 1 parked in the driveway at 6 Colgate Cir, there was minor damage to the front license plate. No one was injured. Photos were taken of the stop sign, and submitted to the IT bureau.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON,,	,		3	STOP SIGN

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

TIMOTHY ROCHE **NEWTON POLICE DEPT** **12/31/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00