

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/02/2021	Time of Crash 01:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:			
Route# Direction Name of Roadway/Street At			EAST 229 AUBURN ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				1 11			
Route# Direction Name of Intersecting Roadway/Street			Landmark				1			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000004	
License # --- St MA DOB/Age ---			Reg # 1DCY97 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make JEEP Veh Config. 2 20			4 12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner SAUNDERS ELIZABETH			Address 6 COLGATE CIRCLE			4 1	
Operator SAUNDERS CHARLOTTE			City NEWTON State MA Zip 02462			Vehicle Action Prior to Crash 1 21			5	
Address 6 COLGATE CIRCLE			City NEWTON State MA Zip 02462			Event Sequence 42 22 20 22 41 22 21 22			6 3	
Insurance Company USAA			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 21 23			13 20	
Citation # (If Issued) T2015088			Violation 1: Ch 90/174 Sec Violation 2: Ch 89/4A Sec			Driver Contributing Code 7 24 9 24				
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed Y			Damaged Area Code: (Circle Up to Three)				
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				
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			Veh Year Veh Make Veh Config. 20			8 1	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner			Address				
Operator			City State Zip			Vehicle Action Prior to Crash 21				
Address			City State Zip			Event Sequence 22 22 22 22				
Insurance Company			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event 23				
Citation # (If Issued) _____			Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec			Driver Contributing Code 24 24				
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed _____			Damaged Area Code: (Circle Up to Three)				
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/Non-Motorist See Above				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

MV1 start

P.O.I. #1

Auburn St

MV1 end

P.O.I. #2

229 Auburn St

229 Auburn St driveway

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 Saturday January 2, 2021 at approximately 0115 hours I was dispatched to 229 Auburn St for a motor vehicle accident into a tree.

MV1 was operating eastbound on Auburn St when it crossed over the marked center lane. MV1 struck the westbound side curb and jumped onto the sidewalk. MV1 then continued on the sidewalk until it struck the tree in front of 229 Auburn St. MV1 sustained total front end damage, as well as driver side damage. The driver side damage was to both driver side doors and both driver side tires were flat. MV1 was towed by Todys. MV1 operator was injured but conscious. However MV1 operator was unable to speak due to possible concussion injuries. MV1 was transported by Newton medics to Newton-Wellesley Hospital. MV1 was issued MA Uniform Citation T2015088 for marked lanes and speeding over reasonable and proper rate, and it will be sent to the

(Continued on next page)

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

MARK HATFIELD NEWTON POLICE DEPT 01/02/2021

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

CDP1 11 -24:00

Crash Narrative:

MV1 operator via mail.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MARK HATFIELD			NEWTON POLICE DEPARTM		01/02/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					