Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
01/11/2021	10:11 24HR	NEWTON	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 / 1 — Route# | Direction | Name of Roadway/Street: ALBEMARLE RD

At

Route# | Direction | Name of Intersecting Roadway/Street: EAST | CRAFTS ST

Also at Intersection with

2 / 2 — Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION: 2 / 9

Route# | Direction | Address # | Name of Roadway/Street

_____ Feet [N S E W] of ___ ___ ___ • ___ (Mile Marker) or _____ (Exit Number) — 2 / 10

_____ Feet [N S E W] of Route# | Intersecting Roadway/Street

_____ Feet [N S E W] of Landmark — 1 / 11

3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number: 2100000018

License # --- St MA DOB/Age -- -- ----

Sex F | Lic. Class D (18 / 18) | Lic. Restrictions 1 (19) | CDL Endorsment

4 / 2 — Operator: LOROSSO (Last) ESTHER (First) (Middle)

Address: 56 SILVER HILL RD

City: WESTON State: MA Zip: 02493

Insurance Company: SAFETY

5 / 1 — Vehicle Travel Direction: [N S ☒ W] Responding to Emergency? N

Citation # (If Issued)_____

6 / 1 — Violation 1: Ch_____ Sec_____ Violation 2: Ch_____ Sec_____

Violation 3: Ch_____ Sec_____ Violation 4: Ch_____ Sec_____

Reg # SAAS | Reg Type PAS | Reg State MA

Veh Year 2015 | Veh Make PORSHE | Veh Config. 2 (20)

Owner: (Same as operator) (Last) (First) (Middle) — 7 / 12

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash: 1 (21)

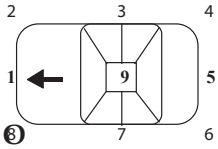
Event Sequence: 22 (22) | 22 (22) | 22 (22) | 22 (22)

Most Harmful Event: 22 (23)

Driver Contributing Code: 1 (24) | (24)

Underride/Override: (25) Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved — 13 / 22

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	99	0	0	10	1	

7 / 3 — Please Select One of the Following: ☐ Vehicle ___ # Occupants | ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) | ☐ Hit/Run | ☐ Moped

License # _____ St _____ DOB/Age _____

Sex____ Lic. Class (18 / 18) | Lic. Restrictions (19) | CDL Endorsment

8 / 1 — Operator: _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Insurance Company_____

Vehicle Travel Direction: [N S E W] Responding to Emergency?____

Citation # (If Issued)_____

Violation 1: Ch_____ Sec_____ Violation 2: Ch_____ Sec_____

Violation 3: Ch_____ Sec_____ Violation 4: Ch_____ Sec_____

Reg # _____ | Reg Type_____ | Reg State_____

Veh Year_____ | Veh Make_____ | Veh Config. (20)

Owner _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash: (21)

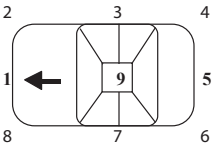
Event Sequence: 22 (22) | 22 (22) | 22 (22) | 22 (22)

Most Harmful Event: (23)

Driver Contributing Code: (24) | (24)

Underride/Override: (25) Towed ____

Damaged Area Code: (Circle Up to Three)



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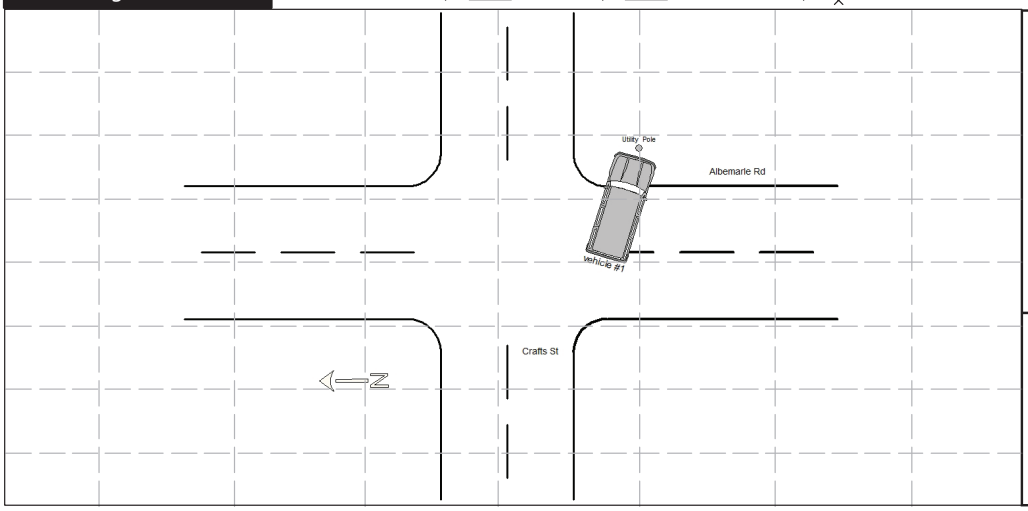
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

Operator of Mv #1 stated she was travelling Eastbound on Crafts St. at approximatley 30 MPH when a Motor vehicle heading Southbound on Albemarle Rd. cut across her lane of travel. Operator #1 stated she slammed on her brakes and turned her MV sharply to the right avoiding a collision with the other vehicle . Vehicle # 1 then collided with a utility pole .

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
WALTHAM, EVERSOURCE,	198 CALVARY ST WALTHAMQ,MASSACHUSETT		4	UTILITY POLE SPLIT

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]

DANIEL NARDELLI			NEWTON POLICE DEPARTM		01/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00