

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/14/2021	Time of Crash 16:17 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 582 BEACON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
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 _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000022			
License # _____ St MA DOB/Age _____			Reg # 6081GV		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2002		Veh Make TOYT		Veh Config. <u>1</u> <u>20</u>			
Operator FEELEY LINDA J			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 248 LOWELL ST			Address _____		First _____ Middle _____		Last _____			
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>6</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company ARBELLA			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11		Totalled			
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>		Towed <u>N</u>			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____		Violation 7: Ch _____ Sec _____ Violation 8: 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		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 558RE6		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2014		Veh Make HOND		Veh Config. <u>1</u> <u>20</u>			
Operator KING SHARON			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 63 ORLANDO ST			Address _____		First _____ Middle _____		Last _____			
City MATTAPAN State MA Zip 02126			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>6</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company GOVERNMENT INS			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 11		Totalled			
Citation # (If Issued) _____			Driver Contributing Code <u>4</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>		Towed <u>N</u>			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____		Violation 7: Ch _____ Sec _____ Violation 8: 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/Non-Motorist See Above		NONE			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Beacon St westbound

Hammond pond parkway

Veh 1

Veh 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:**

On 1/14/21 I was working N496 when I responded to the area of 582 Beacon for a two car MVA. Upon arrival I spoke with the operator of Veh 1 (Linda Feeley) and the operator of Veh 2 (Sharon King). Linda Feeley stated that she had taken a left onto Beacon St. from the right lane of the Hammond pond parkway. As the two lanes turned into one the driver behind her refused to merge and sideswiped her vehicle. I then spoke with the operator of vehicle 2 Sharon King who stated she was in the left hand lane turning left from Hammond pond parkway onto Beacon St., as the two lanes turn into one the driver in front of her refused to merge and sideswiped her vehicle. Both parties stated they were not injured. Both parties were provided an accident report number.

**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

**BRIAN F CONLEY**      **NEWTON POLICE DEPT**      **01/14/2021**

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

CDP1 11 -24:00