

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/21/2021		Time of Crash 15:52 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 type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
<div><div>NORTH</div><div>BROOKLINE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>VINE ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000035							
License # --- St MA DOB/Age ---				Reg # 6SS786 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make HOND Veh Config. 1 20											
Operator VILNER SHAI Last First Middle				Owner VILNER LIBBY Last First Middle											
Address 261 BROOKLINE ST				Address 261 BROOKLINE ST											
City NEWTON State MA Zip 02459				City NEWTON State MA Zip											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 1 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
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											
STEIN, ALON 125 GREENWOOD ST NEWTON, MA 02459				3 1 4 4 0 0 10 1											
ZELDICH, MYA 61 TANGLEWOOD RD NEWTON, MA 02459				6 1 4 4 0 0 10 1											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 ---				Reg # 6BX567 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2014 Veh Make TOYT Veh Config. 1 20											
Operator SPENCER CAROLINE Last First Middle				Owner (Same as operator) Last First Middle											
Address 25 BATEMAN ST				Address											
City ROSLINDALE State MA Zip 02131				City State Zip											
Insurance Company ESURANCE				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4											
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
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				1 3 4 0 0 10 1											
SMITH, MADELINE 25 BATEMAN ST ROSLINDALE, MA 02131				6 4 3 4 0 0 10 1											

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**If Crash Did Not Occur on a Public Way:**

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Indicate North by Arrow**

↑ N

NOT TO SCALE

BROOKLINE ST

VINE ST

P.O.I.

MV1

MV2

**Crash Narrative:**

Operator of MV1 was traveling northbound on Brookline Street passing Vine Street, when MV2 turned into her drivers side front end. MV1 had significant damage to the front end. Operator of MV2 was traveling southbound on Brookline Street was attempting to turn left onto Vine Street. She stated that there was a tractor trailer that turned left onto Brookline Street from Vine Street and she began to turn left as the trailer turned left. She then struck MV1. MV2 had significant front end damage as well as both side and front air bag deployment. The operator of MV1, as well as her two passengers were cleared by Fallon Ambulance and signed patient refusals. Operator of MV2 as well as her infant child, that was properly secured in an infant child seat, were also cleared by Fallon Ambulance with one patient refusal and one parental refusal. Engine 10 responded to clear up the fluids. Todys' Towing responded and removed both vehicles from the scene.

**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

LAUREN MARIE KEEFE

NEWTON POLICE DEPART

01/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date