

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/25/2021	Time of Crash 07:30 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:				
Route# Direction Name of Roadway/Street At			EAST 297 DERBY ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street			Feet N S E W of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000041	
License # --- St MA DOB/Age ---			Reg # 1MG721 Reg Type PAN Reg State MA			Veh Year 2009 Veh Make JEEP Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009 Veh Make JEEP Veh Config. 2			Owner (Same as operator)				
Operator TIMOTEO-LOPEZ OMAR			Address 27 DERBY ST (apt. 2)			City WALTHAM State MA Zip 02453				
Insurance Company PILGRIM INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23				
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: 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							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 # 1TZ218 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make HYUNDAI Veh Config. 1				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2008 Veh Make HYUNDAI Veh Config. 1			Owner OBRINE BRENDAN				
Operator KITTREDGE SUSANNA			Address 61 ALDER ST (apt. 4)			City MEDFORD State MA Zip 02155				
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23				
Citation # (If Issued) _____			Driver Contributing Code 13 24 19 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: 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							

→ 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

Crash Narrative:

Operator of MV1 stated he was sitting in his parked vehicle when MV2 struck the rear driver side of his vehicle.

Operator of MV2 stated she was traveling eastbound on Derby St. when she struck the rear of MV1 with the passenger side of her vehicle. Operator of MV2 stated the glare from the sun played a part in the accident.

All operators refused medical treatment. MV1 sustained major damage to the rear, driver side bumper. MV2 sustained major damage to the front passenger side bumper. Operator of MV2 stated she will call for a private tow, MV2 was operable and moved to a legal parking spot.

MV1 was parked legally on Derby Street.

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

SEAN STAKE

NEWTON POLICE DEPART

01/25/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date