

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/25/2021	Time of Crash 12:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 30 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:							
WEST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH AUBURN ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000042					
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator LINSKY BEVERLY L Address 8 EARLY PATH City NEWTON State MA Zip 02459 Insurance Company COMMERCE			Reg # 1CZ542 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYT Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 20 22 23 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- 1 1 4 0 0 8 2 NWH									
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 _____ Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator VENTI FRANK V Address 60 ST MARYS ST City NEWTON State MA Zip 02462 Insurance Company COMMERCE			Reg # 6861LO Reg Type PAN Reg State MA Veh Year 2018 Veh Make HOND Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 3 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 1 1 4 0 0 8 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**

**Crash Narrative:**

The operator of MV#1 stated that she was traveling north on Commonwealth Ave and as she traveled through the green light at the intersection at Auburn St she observed MV#2 traveling towards her from Auburn St and then struck her MV pushing it into a utility pole.

The operator of MV#2 stated that he was traveling east on Auburn St and as he approached the intersection of Commonwealth Ave thought he had a green light and traveled into the intersection when crash occurred with MV#1.

Two independent witnesses both stated to me that MV#2 traveled through a red light on Auburn St causing the crash.

Both MV's towed from the scene and operator #1 transported to NWH with what appeared to be a minor leg

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
CANTOR, RACHEL,	1669 COMMONWEALTH AVE BRIGHTON, MA 02135	-----	Y
CAIRA, JERRY,	65 WEST PINE ST NEWTON, MA 02466	-----	Y

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	,		3	NFD POLE

**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

