

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|---|---------------------|--|--|----------------------|--|---|--|--|
| Date of Crash 01/28/2021 | Time of Crash 12:26 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 Latitude Longitude | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street At | | | NORTH 180 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number | | | | 9 | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | 10 | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Landmark | | | | 11 | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 210000061 | | |
| License # --- St MA DOB/Age --- | | | Reg # 294XJ9 Reg Type PAN Reg State MA | | | 2 | | | 12 | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2015 Veh Make JEEP Veh Config. 2 20 | | | 1 | | | 12 | | |
| Operator FALLON JILL Last First Middle | | | Owner (Same as operator) Last First Middle | | | 1 | | | 12 | | |
| Address 12 VILLAGE GREEN LANE | | | Address | | | 1 | | | 12 | | |
| City NATICK State MA Zip 01760 | | | City State Zip | | | 1 | | | 12 | | |
| Insurance Company PROGRESSIVE | | | Vehicle Action Prior to Crash 10 21 | | | Damaged Area Code: (Circle Up to Three) | | | 13 | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 2 | | | 3 4 | | | 10 Undercarriage 5 11 Totaled | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | | 1 9 | | | 13 | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 19 24 24 | | | 8 7 6 | | | 13 | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed Y | | | 1 | | | 13 | | |
| 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 | | | 1 | | | 13 | | |
| Operator | | | See Above | | | 1 | | | 13 | | |
| 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 # PS559 Reg Type PAN Reg State MA | | | 2 | | | 12 | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20 | | | 1 | | | 12 | | |
| Operator STEWART-OKIWE NJAVAN Last First Middle | | | Owner CARDOSO VINCENT Last First Middle | | | 1 | | | 12 | | |
| Address 1190 BOYLSTON ST (apt. B) | | | Address 202 W HARVARD ST | | | 1 | | | 12 | | |
| City NEWTON State MA Zip 02464 | | | City BROCKTON State MA Zip 021301 | | | 1 | | | 12 | | |
| Insurance Company PREFERRED MUTUAL | | | Vehicle Action Prior to Crash 2 21 | | | Damaged Area Code: (Circle Up to Three) | | | 13 | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 2 | | | 3 4 | | | 10 Undercarriage 5 11 Totaled | | |
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| Operator/Non-Motorist | | | See Above | | | 1 | | | 13 | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

180 Needham St

Unit 2

Unit 1

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:

Njavan Stewart-Okiwe states that he was operating vehicle #2 N/B on Needham St. Njavan came to a stop and vehicle #1 backed into him.

Jill Fallon was operating vehicle #1 N/B on Needham St. Jill states that she was attempting to take a left turn into a parking lot. Jill states that there was a semi trailer coming out of the parking lot attempting to take a right turn S?B on Needham St. Jill states that she backed up so the semi trailer could make the turn but she did not see vehicle #2. Jill stated that it was her fault but she didn't see the car. No injuries, no tows.

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

01/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date