

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/30/2021	Time of Crash 16:25 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 430 CENTRE 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000071		
License # _____ St NY DOB/Age _____			Reg # 1WCW85			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015			Veh Make TOYA			Veh Config. 2 20		
Operator STEELE MATTHEW Last First Middle			Owner VOLTAIRE CASSANDRE Last First Middle								
Address 136 CYPRESS ST			Address 318 (apt. 209) RINDGE AVE								
City ROCHESTER State NY Zip 14620			City CAMBRIDGE State MA Zip 02140								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			---		---		27 Safety System	
VOLTAIRE, CASSANDRE			318 RINDGE AVE (apt 209) CAMBRIDGE, MA 02140			---		F		28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St MA DOB/Age _____			Reg # 1XXF35			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make HONNDA			Veh Config. 2 20		
Operator SUKHAREVSKY ANASTASIA Last First Middle			Owner SUKHAREVSKY ALEXANDER Last First Middle								
Address 22 CONSIDINE RD			Address 22 CONSIDINE RD								
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02459								
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			---		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St

430 Centre St

Unit 2

Unit 1

Washington St

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:**

Vehicle 1 was attempting to merge onto Washington St from Centre St when vehicle 2 rear ended vehicle 1. Vehicle 2 stated that she was looking back at the flow of traffic and thought vehicle 1 had already merged into traffic. When the operator of vehicle 2 thought she had an opening she attempted to merge and rear ended vehicle 1

**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

KATELYN MARY POHLMAN      NEWTON POLICE DEPART      01/30/2021

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

CDP1 11 -24:00