

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 02/10/2021		Time of Crash 08:38 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:						9				
SOUTH EDDY ST												2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10				
At				Feet N S E W of _____ or _____												
WEST WATERTOWN ST				Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11				
Also at Intersection with				Route# Intersecting Roadway/Street								3				
Route# Direction Name of Intersecting Roadway/Street				Landmark												
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000098										
License # --- St NH DOB/Age ---				Reg # V50875 Reg Type CON Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make CHEVY Veh Config. 2 20								12				
Operator DWYER JONATHAN				Owner KEYES NORTH ATL								1				
Address 76 ABBOTT RD				Address 25 NEVADA ST.												
City CONCORD State NH Zip 03303				City NEWTON State MA Zip 02460												
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				8 7 6								
Please fill out for operator and all occupants involved												13				
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				
Operator See Above				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 # 3ACV61 Reg Type PAN Reg State MA												
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make JEEP Veh Config. 2 20												
Operator OWUSU DANIELLE				Owner (Same as operator)												
Address 9 BOLTON ST.				Address _____												
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____												
Insurance Company GEICO				Vehicle Action Prior to Crash 2 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				10 Undercarriage								
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Please fill out for operator and all occupants involved												13				
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 2 1 0 0 9 2				NEWTON WELLESLEY								
OWUSU, RAELENN				9 BOLTON ST WALTHAM, MA 02453				F 6 4 2 1 0 0 9 2				NEWTON WELLESLEY				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

eliot ave

Unit 2

Unit 1

watertown st

eddy 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

N

Crash Narrative:

ON 2-10-21 AT APPROX. 0838HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WATERTOWN ST AND EDDY ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON WATERTOWN ST. WHILE TRAVELING HE SAW VEHICLE #2 STOP AT THE STOP SIGN ON ELLIOT AVE (OPPOSITE EDDY ST) . AS HE CONTINUED TO TRAVEL HE STATES VEHICLE #2 ENTERED THE TRAFFIC LANE ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING HER. OPERATOR OF VEHICLE #2 WAS TRANSPORTED ALONG WITH HER DAUGHTER TO NEWTON WELLESLEY HOSPITAL BY MEDIC2 FOR EVALUATION. VEHICLE #1 HAD FRONT END DAMAGE. VEHICLE #2 HAD EXTENSIVE LEFT SIDE DAMAGE AND SIDE AIRBAG DEPLOYMENT. BOTH VEHICLES WERE TOWED BY TODYS. OPERATOR OF VEHICLE #1 REPORTED NO INJURIES. PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH **NEWTON POLICE DEPTA** **02/10/2021**

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

CDP1 11 -24:00