

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 03/06/2021	Time of Crash 21:53 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	

AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:			
SOUTH Route# Direction Name of Roadway/Street CRAFTS ST	At			Route# Direction Address # Name of Roadway/Street			
NORTH Route# Direction Name of Intersecting Roadway/Street WALNUT ST	Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____			
Route# Direction Name of Intersecting Roadway/Street				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street			
Route# Direction Name of Intersecting Roadway/Street				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____			

<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 210000163
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License # --- St MA DOB/Age ---	Reg # <u>1NK723</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____	Veh Year <u>2014</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> <u>20</u>
Operator <u>GILMAN</u> <u>STEPHANIE</u> <u>K</u>	Owner <u>(Same as operator)</u>
Address <u>16 LEWIS ST</u>	Address _____
City <u>NEWTON</u> State <u>MA</u> Zip <u>02458</u>	City _____ State _____ Zip _____
Insurance Company <u>GOVT EM INS</u>	Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>23</u>
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>25</u> Towed <u>N</u>

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	-----	---	---	1	4	4	0	0	10	1	NONE

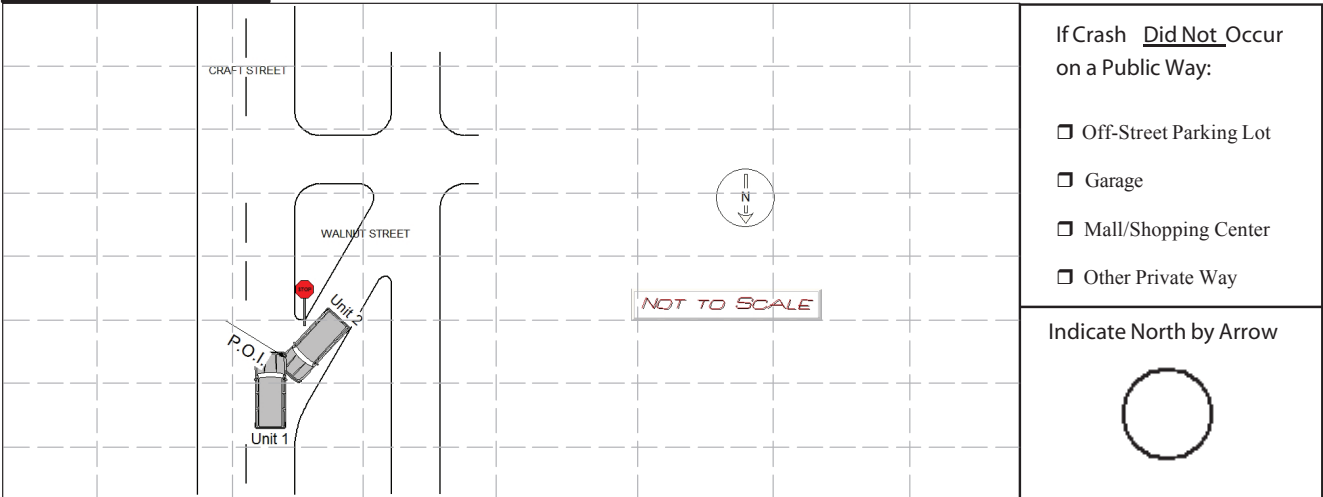
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants	<input type="checkbox"/> Non-Motorist A Type <u>14</u>	Action <u>15</u>	Location <u>16</u>	Condition <u>17</u>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age ---	Reg # <u>9KL471</u> Reg Type <u>PAN</u> Reg State <u>MA</u>
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____	Veh Year <u>2011</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> <u>20</u>
Operator <u>GROSSMAN</u> <u>JOSHUA</u> _____	Owner <u>GROSSMAN</u> <u>RICHARD</u> _____
Address <u>15 HAMLIN ROAD</u>	Address <u>15 HAMLIN RD</u>
City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>	City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>
Insurance Company <u>QUINCY MUTUAL</u>	Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>	Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>
Citation # (If Issued) _____	Most Harmful Event <u>1</u> <u>23</u>
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override <u>25</u> Towed <u>N</u>

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	-----	---	---	1	4	4	0	0	10	1	NONE

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ⊕ Pedestrian
 ie: → 1 → 2 →

Crash Diagram:



Crash Narrative:

On 03/06/2021, while assigned to N491, I, Officer Conary, responded to Craft Street at Walnut Street for a two car MVA. Upon arrival, I spoke with the Operator of MV1 who explained to me that she was traveling Southbound on Craft Street, when she saw that MV2 was starting to turn off of Walnut Street. MV1 beeped their horn to alert him but MV2 hit MV1.

Operator of MV2 stated he was at the stop sign at Walnut Street to take a left turn. He stated that he did not see MV1 he said he thought he safe to turn. MV1 hit MV2.

I spoke with a witness who was traveling Southbound on Walnut Street when they saw MV2 hit MV1. MV2 did not see MV1 when they turned.

Both operators were asked if they needed medical assistance and both declined. Both cars were towed by Todys.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SPERTNER, DAVID, C	56 (apt 1) CENTRAL AVE NEWTON, MA 02458	-----	N

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

KRISTINA CONARY

NEWTON POLICE DEPARTM

03/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

