

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/17/2021	Time of Crash 15:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 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:				
Route# Direction Name of Roadway/Street At			NORTH 147 LOWELL AVE			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number			Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000190	
License # --- St MA DOB/Age ---			Reg # 726NX2 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL --- Veh Year 2017 Veh Make HONDA Veh Config. 2 20				
Operator CHAPMAN ROBERT E			Owner CHAPMAN RUTH			Address 158 EASTSIDE PKWY City NEWTON State MA Zip 02458				
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23				
Citation # (If Issued)			Driver Contributing Code 12 24 24			Underride/Override 25 Towed Y				
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			10 Undercarriage 5 11 Totaled				
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 1 4 0 0 99 2 NWH				
CHAPMAN, RUTH			158 EASTSIDE PKWY NEWTON, MA 02458			---				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 --- DOB/Age ---			Reg # 1DKM81 Reg Type PAN Reg State MA			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL --- Veh Year 2017 Veh Make AUDI Veh Config. 2 20				
Operator ---			Owner BALABANIS ELLEN			Address 147 LOWELL AVE City NEWTON State MA Zip 02460				
Insurance Company GEICO GENERAL INSURANCE			Vehicle Action Prior to Crash 11 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			Most Harmful Event 1 23				
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			10 Undercarriage 5 11 Totaled				
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 --- --- ---				

→ 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:

Operator of MV1 stated he as traveling northbound on Lowell Ave and as he was approaching 147 Lowell Ave, a car was coming in the opposite direction. There were cars parked legally on both sides of the road. As a MV was driving southbound, it had to cross double yellow to pass, Operator of MV1 moved over to the right and struck the parked MV2.

Due to airbag deployment, I requested the medics. The operator of MV1 was transported to NWH. He appeared to be confused. The passenger in MV1 was not injured. MV1 was towed by Todys. MV2 was parked in a legal spot and called for a private tow.

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