

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/17/2021		Time of Crash 17:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 40 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 721 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				200FT Feet [N][S][E][W] of _____ BEACH ST Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000191			3
4				License # --- St MA DOB/Age ---		Reg # 181FX4		Reg Type PAN		Reg State MA		12	
1				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____		Veh Year 2009		Veh Make SUBARU		Veh Config. 1 20			
1				Operator GOLOMB-LEAVITT MICAH Last First Middle		Owner LEAVITT JEFFREY Last First Middle		Address 9 STETSON ST		Address 9 STETSON ST			
				City BROOKLINE State MA Zip 02446		City BROOKLINE State MA Zip 02446		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)			
5				Insurance Company SAFETY INSURANCE		Event Sequence 1 22 22 22 22 2		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		13	
6				Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N		Citation # (If Issued) _____		Underride/Override 25 Towed Y		10 Undercarriage 5 11 Totaled		1	
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address				Age/DOB		Sex		26	
Operator				See Above				---		---		27	
BRANDSTEIN, CALEB, J				400 CENTRAL ST NEWTON, MA 02466				---		M 11		28	
KRAMER, ELIJAH				30 GROVELAND ST NEWTON, MA 02462				---		M 6		29	
												30	
												31	
												32	
												33	
												Medical Facility	
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													
8				License # --- St MA DOB/Age ---		Reg # 1DKC25		Reg Type PAN		Reg State MA		13	
1				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____		Veh Year 2012		Veh Make FORD		Veh Config. 1 20			
1				Operator DA SILVA ARAUJO PATRICK Last First Middle		Owner DE OLIVEIRA PEREIRA LARYSSA Last First Middle		Address 181 (apt. 1) ELM ST		Address 181 (apt. 1) ELM ST			
				City EVERETT State MA Zip 02149		City EVERETT State MA Zip 02149		Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)			
5				Insurance Company GOVERNMENT EMPLOYEE		Event Sequence 1 22 22 22 22 2		Most Harmful Event 1 23		Driver Contributing Code 4 24 24		13	
1				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Citation # (If Issued) _____		Underride/Override 25 Towed N		10 Undercarriage 5 11 Totaled		1	
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address				Age/DOB		Sex		26	
Operator/Non-Motorist				See Above				---		---		27	
												28	
												29	
												30	
												31	
												32	
												33	
												Medical Facility	

→ Direction
 ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2
 1 2

Pedestrian
 →

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:

MV1 was traveling WESTBOUND on Washington St in the middle westbound lane when it was struck by MV2 exiting a parking lot. MV1 was t-boned on its passenger side by MV2. MV1 sustained heavy damage to its passenger door and rear passenger wheel, deeming it unsafe to drive. MV2 was exiting the parking lot of 723 Washington St, did not see MV1 coming and struck the vehicle, damaging his driver's side front. No injuries reported. Tody's towed MV1.

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 35

Address _____

City _____

St _____

Zip _____

US DOT #: _____

State Number _____

Issuing State _____

ICC #: _____

Interstate 36

Cargo Body Type Code 37

Gross Vehicle Weight 38

Trailer Reg #: _____

Reg Type _____

Reg State _____

Reg Year _____

Trailer Length 39

Hazmat Information:

Placard 40

Material 1 digit # 41

Material Name _____

Material 4 digit # _____

Release code 42