

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/22/2021	Time of Crash 08:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 2014 WASHINGTON 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000203		
License # _____ St MA DOB/Age _____			Reg # 2DBV17			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2019			Veh Make FORD			Veh Config. <u>2</u> <u>20</u>		
Operator LASSETER JEFFREY Last First Middle			Owner (Same as operator)			First Middle					
Address 15 WOODLAND ST			Address _____			First Middle					
City BELMONT State MA Zip 02478			City _____ State _____ Zip _____			State _____ Zip _____					
Insurance Company USAA			Vehicle Action Prior to Crash <u>6</u> <u>21</u>			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? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>						11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u>			Towed <u>N</u>		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
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	
License # _____ St MA DOB/Age _____			Reg # 7TV158			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016			Veh Make SUBARU			Veh Config. <u>1</u> <u>20</u>		
Operator NORTON SHEILA Last First Middle			Owner (Same as operator)			Last First Middle					
Address 11 UPTON RD			Address _____			First Middle					
City WALTHAM State MA Zip 02452			City _____ State _____ Zip _____			State _____ Zip _____					
Insurance Company ARBELLA MUTUAL INS			Vehicle Action Prior to Crash <u>6</u> <u>21</u>			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? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
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 was exiting the Newton Wellesley Hospital parking lot, the arm from the parking booth was raised and he began turning eastbound. MV2, also exiting the parking lot, struck the driver side of his vehicle. MV1 sustained damage to the driver side bumper. Operator of MV1 stated he was having back and neck pain and requested to be seen at Newton Wellesley Hospital. Fallon Medics transported him inside.

Operator of MV2 stated she was exiting the parking lot, turning eastbound as well and struck MV1 with the passenger side of her vehicle. Operator of MV2 stated MV1 was already out on to the road. Operator of MV2 stated she was distracted due to the recent news she had received at the hospital. Operator of MV2 signed a patient refusal. There was minor damage to the passenger side bumper.

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

SEAN STAKE **NEWTON POLICE DEPARTMENT** **03/22/2021**

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

CDP1 11 -24:00