

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/30/2021	Time of Crash 15:16 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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:					
<div>WEST HOMER ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH WALNUT ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000217			
License # --- St MA DOB/Age ---			Reg # 266MJ5		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2020		Veh Make MERZ		Veh Config. 1 20			
Operator MILTON ROBERTA			Owner (Same as operator)							
Address 48 KENWOOD AVE			Address							
City NEWTON State MA Zip 02459			City		State		Zip			
Insurance Company BANKERS STANDARD INSURANCE COMPANY			Vehicle Action Prior to Crash 2 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		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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		99 4 99 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 # 1JMR78		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2011		Veh Make HONDA		Veh Config. 2 20			
Operator UYAR MAYA			Owner UYAR FLORINA							
Address 20 PETERSON RD			Address 20 PETERSON RD							
City NATICK State MA Zip 01760			City NATICK State MA Zip 01760							
Insurance Company GEICO			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		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 5 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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		99 1 99 0 0 10 1					
BOWNES-CICCARELLI, ALANA			61 MARION ST NATICK, MA 01760		F 3 99 1 99 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

*NOT TO SCALE*

Walnut St

Ferino Rd

Homer St

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 1 of MV 1 was stopped on Homer St (wb) attempting to take a left turn onto Walnut St (sb ) when MV 2 collided with the rear of MV1. Moderate damage to MV 1. No injuries to Operator 1.

Operator 2 of MV 2 was traveling WB on Homer St when they thought that MV1 was going to turn and did not. MV 2 collided into the rear of MV1. No injuries to Operator 2 and passenger of MV2. Moderate damage to the front of MV2.

MV 2 was towed by Todys towing. MV1 was able to be driven from the scene.

**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

**ROBERT A MARCH**      **NEWTON POLICE DEPTA**      **03/30/2021**

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

CDP1 11 -24:00