

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 04/08/2021		Time of Crash 17:07 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
1 1	WEST BEACON ST																2 10
	Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street										
	SOUTH WALNUT ST						Feet N S E W of Mile Marker Exit Number										
2 1	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of										3 11
	Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street										
							Landmark										
3	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000245										
	License # --- St MA DOB/Age ---						Reg # 325HKJ Reg Type PAN Reg State MA										
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2010 Veh Make NISSAN Veh Config. 1 20										
4 3	Operator LEE MAY						Owner (Same as operator)										1 12
	Address 122 OAKDALE RD						Address										
	City NEWTON State MA Zip 02467						City State Zip										
5 1	Insurance Company METROPOLITAN PROPERTY AND CASUALTY						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										1 13
	Vehicle Travel Direction: N X E W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4										
	Citation # (If Issued)						Most Harmful Event 1 23 1 24 24 7 9 10 Undercarriage 11 Totaled										
6 1	Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24										
	Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y										
	Please fill out for operator and all occupants involved																
7 2	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																
8 1	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																
	License # --- St MA DOB/Age ---						Reg # 1DGL75 Reg Type PAN Reg State MA										
	Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2006 Veh Make TOYOTA Veh Config. 1 20										
	Operator SHEPPARD JACK						Owner SHEPPARD BYRON										
	Address 1905 COMMONWEALTH AVE						Address 1905 COMMONWEALTH AVE										
	City NEWTON State MA Zip 02466						City NEWTON State MA Zip 02466										
Insurance Company LIBERTY MUTUAL INSURANCE COMPANY						Vehicle Action Prior to Crash 4 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											
Citation # (If Issued) T2012867						Most Harmful Event 1 23 1 24 24 7 9 10 Undercarriage 11 Totaled											
Violation 1: Ch 89/8 Sec Violation 2: Ch Sec						Driver Contributing Code 4 24 24											
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																	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon Street

Walnut Street

NOT TO SCALE

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 states she was traveling southbound on Walnut Street entering the intersection at Beacon Street when MV2 failed to yield to MV1 by attempting to take a left hand turn onto Beacon Street westbound causing MV2 to crash into MV1. MV1 sustained damage to the front left fender and was towed from the scene.

Operator of MV2 states he was traveling northbound on Walnut Street approaching the intersection at Beacon Street where he wanted to make a left hand turn onto Beacon Street westbound. Operator of MV2 states the left arrow traffic signal was yellow then turned green and he still proceeded to take a left hand turn while there was oncoming traffic traveling southbound on Walnut Street. Operator of MV2 states he failed to yield to MV1 causing MV2 to crash into MV1. MV2 sustained front end damage and was towed from the scene.

Operator of MV2 was issued in hand Massachusetts Uniform Citation #T2012867 for MGL Ch. 89 Sec. 8 Fail to

(Continued on next page)

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

TIMOTHY F KEEFE

NEWTON POLICE DEPT

04/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

