

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/11/2021	Time of Crash 12:19 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 141 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000256		
License # --- St MA DOB/Age ---			Reg # 2ZWM29 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2020 Veh Make TOYT Veh Config. 1 20		
Operator LINSKY BEVERLY L			Owner (Same as operator)			Address			7 12		
Address 8 EARLY PATH			City NEWTON State MA Zip 02459			City State Zip			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE INS			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 35 22 22 22 22 2			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 35 23			Driver Contributing Code 10 24 24			5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed Y			6			13 97		
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 99 4 99 0 0 10 1 N/A								
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 97 Location 99 Condition 97			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---			Reg # Reg Type Reg State			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20		
Operator TJ MAXX			Owner			Address			City State Zip		
Address 141 NEEDHAM ST.			City NEWTON State MA Zip 02461			City State Zip			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency?			Event Sequence 22 22 22 22 2			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 23			Driver Contributing Code 24 24			5 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed			8			6		
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- --- ---								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

The store manager was notified.

Due to the statements made by the operator and witness, I will be submitting an Immediate Threat form to the RMV. See incident report #21015576

Pictures of the accident were submitted to IT.

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

KEVIN DURICKAS

NEWTON POLICE DEPART

04/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date