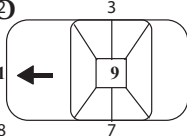
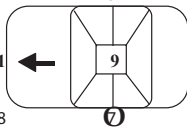


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/15/2021	Time of Crash 06:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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 _____			EAST 2101 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 _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000267		
License # _____ St MA DOB/Age _____			Reg # 3TS592			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012			Veh Make GMC			Veh Config. 1 20		
Operator STANSBURY MARIA HERMINIA			Owner (Same as operator)			First _____ Middle _____			Last _____		
Address 13 PENNY LANE			Address _____			First _____ Middle _____			Last _____		
City MILFORD State MA Zip 01757			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INS			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 1 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Underride/Override 25			Towed N					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 11 Totaled		
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			13 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 4282MC			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016			Veh Make VOLK			Veh Config. 1 20		
Operator FENECK MICHAEL			Owner (Same as operator)			First _____ Middle _____			Last _____		
Address 83 JOHNSON TERR			Address _____			First _____ Middle _____			Last _____		
City ROCKLAND State MA Zip 02370			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE INS			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 20 24		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Underride/Override 25			Towed Y					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 11 Totaled		
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			13 1		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St.

NOT TO SCALE

MV#1

MV#2

MV#2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

MV#1 Was traveling Eastbound on Washington St when she was struck by MV#2 at 2101 Washington St.

OPMV#1 States she was traveling straight on Washington St when a vehicle entered her lane and hit her vehicle.

MV#2 Was traveling Eastbound on Washington St attempting to make a left turn into CareOne 2101 Washington St when he collided with MV#1.

OPMV#2 Stated he was in the right lane transitioning into the left lane to make a left turn into CareOne and didn't notice anyone in the left lane when he collided with the other vehicle.

No Injuries. Both operators signed patient refusals. MV#2 Was towed by Tody's Towing.

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

REID LARSON NEWTON POLICE DEPARTM 04/15/2021

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

CDP1 11 -24:00