

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/25/2021		Time of Crash 10:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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 LAKEVIEW AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH 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>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000285							
License # --- St CT DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator BUDER RACHEL Address 198 STAGECOACH RD City AVON State CT Zip 06001 Insurance Company USAA Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 9NS544 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 Owner LEWIS CHARLOTTE Address 151 MASON TERR City BROOKLINE State MA Zip 02446 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 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				Operator See Above									
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator ABBOTT GREGORY Address 314 NEWTONVILLE AVE City NEWTON State MA Zip 02460 Insurance Company GARRISON Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 9RH384 Reg Type PAN Reg State MA Veh Year 2018 Veh Make DODGE Veh Config. 2 20 Owner ABBOTT ALEXANDRA Address 314 NEWTONVILLE AVE City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled									
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Operator/Non-Motorist See Above				Operator/Non-Motorist See Above									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Unit 2

Unit 1

lakeview ave

walnut st

**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

N

**Crash Narrative:**

ON 4-25-21 AT APPROX. 1027HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WALNUT ST. AND LAKEVIEW AVE. I SPOKE TO THE DRIVER OF VEHICLE #1. DRIVER STATES SHE WAS STOPPED IN THE INTERSECTION PREPARING TO TURN LEFT ON TO LAKEVIEW AVE. WHEN SHE WAS HIT IN THE REAR BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING N-BOUND ON WALNUT. HE STATES PRIOR TO HITTING VEHICLE #1 HE APPLIED THE BRAKE AND SLID ON THE WET SURFACE CAUSED BY THE RAIN AND WAS UNABLE TO AVOID HITTING VEHICLE #1. ALL PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. VEHICLE #1 WAS TOWED BY TODYS WITH EXTENSIVE REAR END DAMAGE. VEHICLE #2 WAS OPERATIONAL BUT HAD FRONT END FENDER DAMAGE. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT. .

**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

**THOMAS P WALSH**      NEWTON POLICE DEPT      04/25/2021

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

CDP1 11 -24:00