

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/27/2021		Time of Crash 16:47 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:						9		
SOUTH PERKINS ST										2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10				
At				Feet N S E W of _____ or _____										
EAST WASHINGTON ST				Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11				
Also at Intersection with				Route# Intersecting Roadway/Street						4				
Route# Direction Name of Intersecting Roadway/Street				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000290								
License # --- St MA DOB/Age ---				Reg # 7DB420 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make CHEVY Veh Config. 2 20										
Operator MAGIT KAREN				Owner (Same as operator)								12		
Address 6 WATERVIEW LANE				Address _____										
City NATICK State MA Zip 01760				City _____ State _____ Zip _____										
Insurance Company CITIZENS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22						
Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y						
Please fill out for operator and all occupants involved												13		
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				1 4 4 0 0 10 1										
MAGIT, LILY 6 WATERVIEW LN. NATICK, MA 01760				F 4 1 4 4 0 0 10 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 # 1CSR29 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make LNDR Veh Config. 2 20										
Operator ZINXHIRIJA ARTIOLA				Owner (Same as operator)										
Address 20 COTTAGE AVE.				Address _____										
City WINTHROP State MA Zip 02152				City _____ State _____ Zip _____										
Insurance Company NORFOLK & DEDHAM				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				Event Sequence 1 22 22 22 22						
Citation # (If Issued) _____				Most Harmful Event 1 23				Most Harmful Event 1 23						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				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				1 4 4 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Unit 1 Unit 2 perkins st 1481 washington 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

Crash Narrative:

ON 4-27-21 AT APPROX. 1647HRS. WHILE WORKING N492 I TOOK A REPORT OF MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF PERKINS AND WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON TOWARD THE RAMP THAT LEADS TO THE MASS PIKE EAST. DRIVER STATES VEHICLE #2 APPROACHED ON HER RIGHT AND SIDESWIPE HER VEHICLE. I SPOKE TO THE OPERATOR OF VEHICLE #2. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WASHINGTON HEADING TO THE RAMP FOR THE MASS PIKE EASTBOUND. SHE STATES WHILE TRAVELING VEHICLE #1 APPROACHED ON HER LET AND SIDESWIPE HER VEHICLE. VEHICLE #1 HAD FRONT RIGHT SIDE DAMAGE. VEHICLE #2 HAD FRONT LEFT SIDE DAMAGE. ALL PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. BOTH VEHICLES WERE OPERATIONAL AND DID NOT REQUIRE TOWS. AFTER INVESTIGATING THE DAMAGE AND THE STORIES TOLD TO ME I WAS UNABLE TO DETERMINE WHICH DRIVER WAS AT FAULT.

(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

THOMAS P WALSH NEWTON POLICE DEPTA 04/27/2021

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

CDP1 11 -24-00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00