

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/30/2021	Time of Crash 15:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:					
SOUTH ELM ST								9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					10		
WEBSTER ST			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____					11		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____					1		
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000298			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>6CG895</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2017</u>		Veh Make <u>HONDA</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>ALTAVILLA</u> <u>GREG</u> <u>M</u>			Owner <u>(Same as operator)</u>							
Address <u>8 SPRINGVALE AVE</u>			Address _____							
City <u>CHELSEA</u> State <u>MA</u> Zip <u>02150</u>			City _____ State _____ Zip _____							
Insurance Company <u>METROPOLITAN PROPERTY</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>3</u> <u>23</u>		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>13</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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		99 4 99 0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u>		Action <u>1</u> <u>15</u> Location <u>1</u> <u>16</u> Condition <u>1</u> <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex <u>F</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator <u>FANDEL</u> <u>CAROLYN</u>			Owner _____							
Address <u>102 WEBSTER ST</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____							
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		8 2					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Webster St

Elm St

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:

Vehicle 1 was taking a left hand turn onto Elm St, from Webster St. The operator of vehicle 1 stated that the sun was in his eyes, and he could not see well. He decided to take the turn very slow. Vehicle 1 struck a pedestrian, who was already out in the crosswalk with the front of his vehicle. The pedestrian was complaining about pain in her left leg. She was evaluated by Medic 2, and transported to NWH. I observed no damage to vehicle 1.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PERNISIE, DEAN,	14 (apt A) AUBURNDALE AVE W NEWTON, MA 02465	-----	Y

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

TIMOTHY ROCHE **NEWTON POLICE DEPARTMENT** **04/30/2021**

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

CDP1 11 -24:00