

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																				
Date of Crash 05/03/2021		Time of Crash 15:38 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 2	Speed Limit 35 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><div><div>NORTH</div><div>CHURCH ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WASHINGTON 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></div> <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 Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>						9																																																					
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<div><div>License # --- St MA DOB/Age ---</div><div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div><div>Operator JAMES KERRI L</div><div>Address 144 BROWN ST</div><div>City WALTHAM State MA Zip 02453</div><div>Insurance Company USAA CASUALTY INSURANCE COMPANY</div><div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div><div>Citation # (If Issued)</div><div>Violation 1: Ch Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div> <div><div>Reg # 8SB825 Reg Type PAN Reg State MA</div><div>Veh Year 2020 Veh Make DODGE Veh Config. 2 20</div><div>Owner (Same as operator)</div><div>Address</div><div>City State Zip</div><div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23</div><div>Driver Contributing Code 1 24 24 Underride/Override 25 Towed N</div><div><div><div>9</div><div>10 Undercarriage</div><div>11 Totaled</div></div></div></div>						12																																																					
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Church St

Washington St

Vehicle 1

Vehicle 2

North Arrow

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:

Ms. Kerri James stated that as she was travelling Westbound on Washington St at the intersection with Church St, her vehicle was struck in the rear by an unidentified Subaru operated by an unidentified White Female. The collision caused damage to the rear of her vehicle.

This woman then exited her vehicle and claimed that there was no damage before getting back in her vehicle, and driving away. Ms. James stated that the woman appeared to be intoxicated.

Ms. James, and her 2 passengers declined medical attention when it was offered, but stated that they may follow-up later with their doctor.

I was unable to locate the other vehicle

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

DECLAN G HEALY NEWTON POLICE DEPART 05/03/2021

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

CDP1 11 24:00