

| | | | | | | | | | | | | | |
|---|--|---|-------------------------------|------------------------------------|--|---|---------------------|-------------------------|------------------------|---|--|--|----|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 06/03/2021 | | Time of Crash 19:50 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 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 LEWIS TER | | | | | | | | | | | | 2 | |
| Route# Direction Name of Roadway/Street | | | | At | | Route# Direction Address # Name of Roadway/Street | | | | | | 10 | |
| WEST NEWTONVILLE AVE | | | | | | Feet N S E W of _____ or _____ Mile Marker Exit Number | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Also at Intersection with | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | 11 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | Landmark | | | | | | 3 | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000398 | | | | | | | |
| License # --- St MA DOB/Age --- | | | | Reg # 8ZDV30 | | Reg Type PAN | | Reg State MA | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2012 | | Veh Make TOYOTA | | Veh Config. 1 20 | | | | | |
| Operator FAIR CAITLYN | | | | Owner FAIR PAUL G | | | | | | | | | 12 |
| Address 20 MERTON ST | | | | Address 20 MERTON ST | | | | | | | | | |
| City NEWTON State MA Zip 02458 | | | | City NEWTON State MA Zip 02458 | | | | | | | | | |
| Insurance Company THE COMMERCE INSURANCE COMPANY | | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | 2 | | 3 | | 4 | | | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | 1 | | 2 | | 3 | | 10 Undercarriage | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 | | 1 | | 2 | | 3 | | 5 11 Totaled | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | 1 | | 2 | | 3 | | | |
| 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 | |
| Operator See Above | | | | --- | | --- | | 1 | | 4 | | 4 | |
| LEAPER, VICTORIA | | | | 6 MERTON ST NEWTON, MA 02458 | | F | | 3 | | 1 | | 4 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age _____ | | | | Reg # UNK | | Reg Type UNK | | Reg State XX | | | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | | Veh Year UNK | | Veh Make MERCURY | | Veh Config. 1 20 | | | | | |
| Operator _____ | | | | Owner _____ | | | | | | | | | |
| Address _____ | | | | Address _____ | | | | | | | | | |
| City _____ State _____ Zip _____ | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company _____ | | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 | | 3 | | 4 | | 5 | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 | | 1 | | 2 | | 3 | | 5 11 Totaled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 3 24 24 | | 1 | | 2 | | 3 | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | 1 | | 2 | | 3 | | | |
| 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 | |
| Operator/Non-Motorist See Above | | | | --- | | --- | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

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:

The operator of MV1 stated she was traveling westbound on Newtonville Ave, approaching Lewis Ter when MV2 failed to stop at the stop sign on Lewis Ter. As MV1 was passing Lewis Ter, MV2 pulled onto Newtonville Ave, hitting the passenger side of MV1. MV1 then pulled over immediately after being struck. As MV1 pulled over, MV2 then turned left onto Newtonville Ave and continued eastbound, failing to stop to exchange paperwork. The operator of MV1 stated it was a gold Mercury Sable with tinted windows and front end damage, missing front bumper. Dispatch was updated and notified other units along with State. MV1 sustained significant damage to both the passenger side front and rear doors. The operator of MV1 father arrived and was able to drive the vehicle home. The operator and passenger both declined medical treatment.

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)

35

Carrier Name _____ Carrier Issuing Authority Code _____

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