

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/06/2021		Time of Crash 18:14 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		
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				16 EAST WASHINGTON STREET								2		
				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								10		
				Feet X S E W of PERKINS ST Route# Intersecting Roadway/Street Feet N S E W of Landmark								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000405			3	
4				License # --- St MA DOB/Age ---		Reg # 175ZXF		Reg Type PAN		Reg State MA		12		
3				Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____		Veh Year 2014		Veh Make HONDA		Veh Config. 2 20		1		
5				Operator SEUFERT DIANA		Owner (Same as operator)								
6				Address 307 NORTH AVE		Address								
				City WESTON State MA Zip 02493		City		State		Zip				
				Insurance Company COMMERCE INSURANCE		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		2		3 4				
				Citation # (If Issued)		Most Harmful Event 1 23		1		5 11 Totalled				
				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 99 24 24		8		7 6				
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed N								
7				Please fill out for operator and all occupants involved		26		27		28		29		13
				Name (Last First Middle) Address		Age/DOB		Sex		Seat Pos.		Safety System		1
				Operator		See Above		---		---		1 4 4		0
														0
														10
														1
99				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
8				License # --- St DOB/Age ---		Reg # V48443		Reg Type CON		Reg State MA		13		
4				Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____		Veh Year 2006		Veh Make GMC		Veh Config. 2 20		1		
				Operator BROMLEY PATRICK		Owner (Same as operator)								
				Address 13 LINCOLN COURT (apt. A)		Address								
				City MARLBOROUGH State MA Zip 01752		City		State		Zip				
				Insurance Company GEICO		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		2		3 4				
				Citation # (If Issued)		Most Harmful Event 1 23		1		5 11 Totalled				
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				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed N								
7				Please fill out for operator and all occupants involved		26		27		28		29		13
				Name (Last First Middle) Address		Age/DOB		Sex		Seat Pos.		Safety System		1
				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:**

WASHINGTON STREET

ON RAMP TO MA TURNPIKE

Unit 2

PERKINS STREET

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 Sunday, June 6, 2021 at approximately 18:14hrs I, Officer Daly, met with Diana Seufert in the lobby of the Newton Police Station. Seufert was reporting a accident she was just involved in. Seufert said she was stopped at the lights on Washington Street preparing to take a left and start Eastbound on Washington Street. Seufert said her light turned green and as she started into the intersection that is when a van bearing MA V48443 drove through the red light causing her to hit the side of his vehicle. Seufert said the van was trying to merge onto the Massachusetts Turnpike at this time. Seufert said they both exchanged information and said she came to the Police Station after to file this report. I have tried to contact the operator of MV2 numerous times to get his statements regarding this accident yielding negative results. There were no injuries to anyone invovled and both vehicles were able to drive away from the scene.

**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