

Police Use Only						Commonwealth of Massachusetts								RMV Document Number					
Date of Crash 06/09/2021	Time of Crash 14:14 24HR		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:									
																2 9			
Route# Direction Name of Roadway/Street At						WEST 215 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number										2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street										11 3			
Route# Direction Name of Intersecting Roadway/Street						Landmark													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000412										
License # --- St MA DOB/Age ---						Reg # 46803 Reg Type PAN Reg State MA													
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2014 Veh Make CHRYSLER Veh Config. 2 20													
Operator BURGESS ANN W Last First Middle						Owner (Same as operator) Last First Middle						1 12							
Address 228 HIGHLAND AVE						Address													
City NEWTON State MA Zip 02465						City State Zip													
Insurance Company GEICO						Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E X Responding to Emergency? N						Event Sequence 1 22 22 22 22 ②						10 Undercarriage 11 Totaled							
Citation # (If Issued)						Most Harmful Event 1 23													
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 19 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N													
Please fill out for operator and all occupants involved																		13 1	
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 99 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 # 1PCB74 Reg Type PAN Reg State MA													
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2003 Veh Make HONDA Veh Config. 20													
Operator MARINO MATHEW Last First Middle						Owner (Same as operator) Last First Middle													
Address 36 VALLANCOURT ST (apt. 2)						Address													
City TAUNTON State MA Zip 02780						City State Zip													
Insurance Company PLYMOUTH ROCK						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E X Responding to Emergency? N						Event Sequence 1 22 22 22 22 ③						10 Undercarriage 11 Totaled							
Citation # (If Issued)						Most Harmful Event 1 23													
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24													
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y													
Please fill out for operator and all occupants involved																		13 1	
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 99 0 0 10 1																			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;"> </div>
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Crash Narrative:

VEHICLE #1 WAS STOPPED ON TOWER RD, ATTEMPTING TO PULL OUT ONTO NEEDHAM ST. VEHICLE #2 WAS ON NEEDHAM ST, TRAVELING WESTBOUND, AND WAS IN THE PROCESS OF TURNING LEFT ONTO INDUSTRIAL PLACE. AS VEHICLE #1 WAS ATTEMPTING TO TURN RIGHT ONTO NEEDHAM ST, SHE ACCIDENTALLY STRUCK VEHICLE #2 AS IT WAS PASSING BY. NO INJURIES REPORTED, VEHICLE #2 TOWED BY TODAY'S TOWING OF NEWTON.

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 Issuing Authority Code 35
Carrier Name _____		
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