Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
06/11/2021	13:47 24HR	NEWTON	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 / 1 — Route# NORTH Direction — WASHINGTON TER Name of Roadway/Street

At

Route# WEST Direction — WASHINGTON ST Name of Intersecting Roadway/Street

Also at Intersection with

2 / 1 — Route# Direction — Name of Intersecting Roadway/Street

NOT AT INTERSECTION: Route# Direction Address # Name of Roadway/Street

Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

2 / 9 — 2 / 10 — 3 / 11

3 — ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — Case Number 2100000419

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

4 / 1 — Operator MCARDLE (Last) MARY (First) L (Middle)

Address 319 ARLINGTON STREETY (apt. 106)

City WATERTOWN State MA Zip 02472

Insurance Company GEICO

5 — Vehicle Travel Direction: ☒ S E W Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 4RA849 Reg Type PAN Reg State MA

Veh Year 2013 Veh Make HONDA Veh Config. 1 20

Owner (Same as operator) (Last) (First) (Middle)

1 / 12 —

Address

City State Zip

Vehicle Action Prior to Crash 4 21

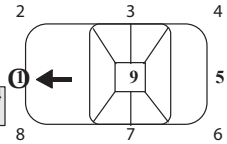
Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 99 24 24

Underride/Override 25 Towed N



10 Undercarriage
11 Totaled

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	

1 / 13

7 / 3 — Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants — ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 — ☐ Hit/Run — ☐ Moped

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

8 / 2 — Operator FILIPOVA (Last) ALEXANDRA (First) (Middle)

Address 33 FREDERICK ST

City NEWTON State MA Zip 02460-2249

Insurance Company PLYMOUTH ROCK

Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 6BN319 Reg Type PAN Reg State MA

Veh Year 2010 Veh Make TOYOTA Veh Config. 2 20

Owner FILIPOVA (Last) ALBENA (First) (Middle)

Address 33 FREDRICK ST

City NEWTON State MA Zip 02460

Vehicle Action Prior to Crash 1 21

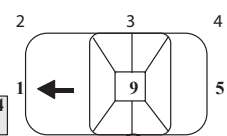
Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed N



10 Undercarriage
11 Totaled

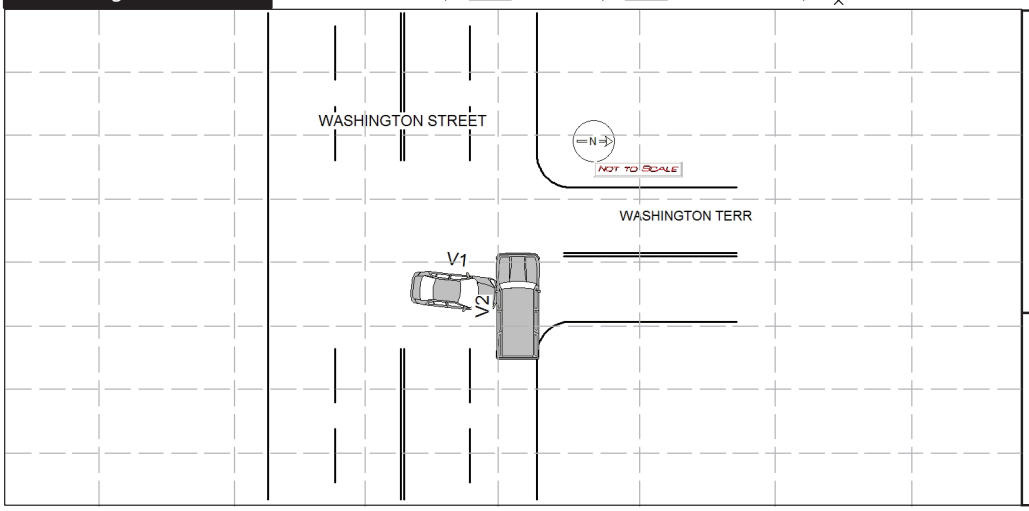
Please fill out for operator and all occupants involved

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	--------	---	---	99	4	99	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

Operator of V1 stated she was traveling east on Washington Street, turned left onto Washington Terr and had contact with V2.

Operator of V2 stated she just pulled out of the parking space on the westbound lane of Washington Street she was traveling straight and V1 turned into her vehicle.

All parties advised of the process, and there were no reported injuries.

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 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

ROCCO D MARINI		13963	NEWTON POLICE DEPARTM		06/11/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00