

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/12/2021	Time of Crash 00:07 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:			
Route# Direction Name of Roadway/Street At			WEST 301 HOMER ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				11 4			
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 210000422	
License # --- St MA DOB/Age ---			Reg # 7NLH10 Reg Type PAN Reg State MA			20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020 Veh Make VOLK Veh Config. 1 20			12				
Operator FALKOFF DAVID M			Owner FALKOFF PHILLIP			1				
Address 257 AUBURNDALE AVE.			Address 387 WOLCOTT ST							
City NEWTON State MA Zip 02466-1603			City NEWTON State MA Zip 02465							
Insurance Company STANDARD FIRE INSURANCE			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 2 22 22 22 22			10 Undercarriage				
Citation # (If Issued) T2079603			Most Harmful Event 2 23			5 11 Totaled				
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/13B Sec _____			Driver Contributing Code 20 24 21 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			13 2				
Operator			See Above							
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 # 713DE3 Reg Type PAN Reg State MA			20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020 Veh Make SUBA Veh Config. 1 20			1				
Operator _____			Owner OLEARY MIRIAM							
Address _____			Address 301 HOMER ST							
City _____ State _____ Zip _____			City NEWTON State MA Zip 02459							
Insurance Company USAA INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 2 23			5 11 Totaled				
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			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			13 2				
Operator/Non-Motorist			See Above							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

301 Homer Street

Homer 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:

Operator of MV1 stated he was driving westbound on Homer Street when he looked down at his car radio and struck a MV2, which was parked unoccupied on the right side of the roadway in front of 301 Homer Street. The MV2 was located to the right of the fog line. MV1 sustained damage to the front passenger wheel and axle. MV2 sustained heavy rear end drivers side damage. Both vehicles were towed by David Donahue of Tody's Towing. Operator of MV1 declined medical attention. Operator of MV1 consented to perform Standardized Field Sobriety Tests. He stated he did not have any medical conditions that would prohibit him from completely the testing properly. He was taken to the side of the road on Homer Street that was well lit by a street light, and we used the fog line as a guide. Operator of MV1 completed the testing and it was determined that he was not under the influence. He did state that he had been up since 0630 and was fatigued while driving. Operator of

(Continued on next page)

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

LAUREN MARIE KEEFE **NEWTON POLICE DEPT.** **06/12/2021**

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

CDP1 11 -24:00

