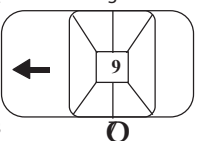
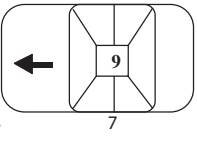
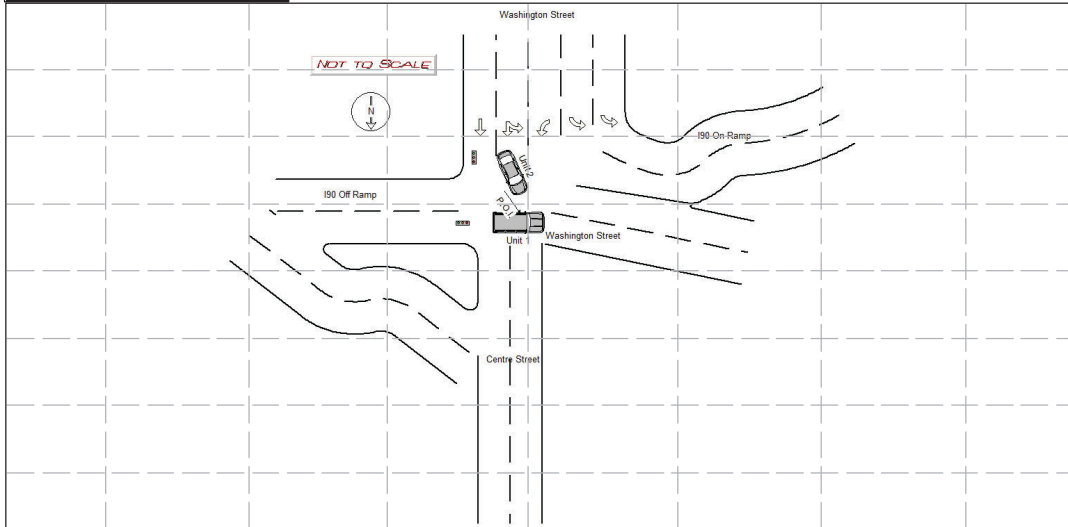


Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 06/15/2021		Time of Crash 17:50 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
NORTH CENTRE ST Route# Direction Name of Roadway/Street At WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of • or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000434													
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator SULLIVAN CHELSEY Last First Middle Address 74 CHARLESBANK RD City NEWTON State MA Zip 02458 Insurance Company ARBELLA INSURANCE Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 1XCS97 Reg Type PAN Reg State MA Veh Year 2016 Veh Make TOYOTA Veh Config. 2 20 Owner SULLIVAN THOMAS Last First Middle Address 74 CHARLESBANK RD City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 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																					
Operator See Above						----- - - - 1 4 4 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator GARRETT VICTORIA Last First Middle Address 68 PRESTON ST (apt. 1F) City WAKEFIELD State MA Zip 01880 Insurance Company THE COMMERCE INSURANCE COMPANY Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) T2014289 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 7BL374 Reg Type PAN Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. 1 20 Owner HIGGOTT KATHERINE Last First Middle Address 68 (apt. 1F) PRESTON ST City WAKEFIELD State MA Zip 01880 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 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																					
Operator/Non-Motorist See Above						----- - - - 1 4 4 0 0 10 1															

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

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:

Operator of MV1 stated she was on the off ramp, left lane of I90 approaching Washington Street. The traffic light turned green and she pulled straight ahead, westbound on Washington street. When she crossed the intersection of Washington and Centre Street, the car to the left of her swerved, avoiding MV2. MV1 was unable to avoid MV2 and it struck the front driver side of her vehicle. The operator of MV1 stated she had the green light and MV2 ran the red light.

The operator of MV2 stated she was traveling northbound on Washington Street, approaching the intersection of Washington street and Centre Street and struck MV1. The operator stated due to the sun she did not see the traffic light red.

MV1 had damage to the driver side of the vehicle and tire. MV2 had damage to the front passenger side of the

(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 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

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
 ie: → 1 → 2 →

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:

vehicle and tire. Both parties refused medical treatment and Todys was notified for two tows.
 The operator of MV2 was cited (Warning) 89/9 for failure to stop at a red light, (Mass Uniform
 Citation T2014289).

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

SEAN STAKE

NEWTON POLICE DEPART

06/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Parade

Date