

Police Use Only						Commonwealth of Massachusetts								RMV Document Number										
Date of Crash 06/22/2021	Time of Crash 15:06 <div style="text-align:center;">24HR</div>		City/Town NEWTON			Motor Vehicle Crash Police Report									Number Vehicles 2	Number Injured 1	Speed Limit <u>25</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					EAST 130 NEEDHAM ST																	2	10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of Mile Marker Exit Number																	3	11	
Route# Direction Name of Intersecting Roadway/Street					Landmark																	3	11	
<input checked="" type="checkbox"/> Vehicle 1 _ #Occupants					<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000454												1	12
License # --- St MA DOB/Age ---- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment Operator GOLDBERG MAX J Address 35 ROSALIE RD City NEWTON State MA Zip 02459 Insurance Company BANKERS STANDARD 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 # 3CRA74 Reg Type PAN Reg State MA Veh Year 2021 Veh Make BMW Veh Config. 1 20 Owner FINANCIAL SERVICE VEHICLE Address 5550 BRITTON PKWY City HILLARD State OH Zip 43026 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																	1	12	
					Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed Y																	1	13	
Please fill out for operator and all occupants involved																						1	13	
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			1	13					
Operator See Above					- - - - -	- -	- - -	1	4	99	0	0	10	1				1	13					
																		1	13					
																		1	13					
																		1	13					
Please Select One of the Following:					<input checked="" type="checkbox"/> Vehicle 2 _ #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	1	13	
License # --- St MA DOB/Age ---- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator SHARASHEFF ELLA X Address 254 LANGLEY RD City NEWTON State MA Zip 02459 Insurance Company SAFETY INS Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T2080855 Violation 1: Ch 19 / 75 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					Reg # 2413JB Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 2 20 Owner SHARASMEFF JOEL E Address 254 LANGELY RD City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)																	1	13	
					Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed Y																	1	13	
Please fill out for operator and all occupants involved																						1	13	
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			1	13					
Operator/Non-Motorist See Above					- - - - -	- -	- - -	1	3	99	0	0	9	1				1	13					
																		1	13					
																		1	13					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#141 NEEDHAM ST

Unit 2

Unit 2

STOPPED

STOPPED

Unit 1

Unit 1

#130 NEEDHAM ST-LOYAL COMPANION

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:

Veh #1 was traveling due West on Needham St. when veh #2 pulled out of #141 Needham St attempting to take a left and collided with veh #1. Veh #2 traveled into #130 Needham St window, Loyal Companion. Both air bags went off on veh #2 and both drivers were checked out by Medics and both signed patent refusals. Operator of veh #2 had a rash on her forearm from the airbag. Both vehicles were towed by Todys (David). Building Inspector Paul Nelson from the City of Newton came down on scene and stated that the damage to the building (#130 Needham St.) didn't effect the structural integrity. The operator of veh#2 admitted to hitting the gas instead of the brake. Operator of veh #2 cited in hand Mass. #T2080855 N.C.O.-Failure to use care in starting.

I went inside Loyal Companion and spoke with Manager Micheal Wade. Wade stated no pets were hurt during the

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
WADE, MICHEAL,	130 NEEDHAM ST NEWTON,MA 02464	-----	N

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

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:

accident and he had already notified the buildindgs mainternece company to repsonde and board up the windows.

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	36
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Cargo Body Type Code	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42