

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 06/23/2021	Time of Crash 09:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit 5 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			NORTH 1314 CENTRE ST							2 9	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			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			Route# Intersecting Roadway/Street Feet N S E W of Landmark							1 11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000459				
License # --- St MA DOB/Age ---			Reg # 1TB350		Reg Type PAN		Reg State MA				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2020		Veh Make TOYT		Veh Config. 1 20				
Operator SILVER ELLEN Last First Middle			Owner (Same as operator)		Last First Middle				7 12		
Address 11 CHESLEY RD			Address								
City NEWTON State MA Zip 02459			City		State Zip						
Insurance Company VERMONT MUTUAL INS			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 35 22 22 22 22		Most Harmful Event 35 23		Driver Contributing Code 9 24 24		Underride/Override 25 Towed Y		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec		Violation 3: Ch Sec Violation 4: Ch Sec						
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		Age/DOB		Sex		
Operator			See Above		-----		---		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		
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 #		Reg Type		Reg State				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year		Veh Make		Veh Config. 20				
Operator Last First Middle			Owner Last First Middle								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)						
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Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec		Violation 3: Ch Sec Violation 4: Ch Sec						
Please fill out for operator and all occupants involved			Name (Last First Middle)		Address		Age/DOB		Sex		
Operator/Non-Motorist			See Above		-----		---		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		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

1314 CENTRE ST

CENTRE ST

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:

On Wednesday 6/23/21 at approx 0922hrs, while assigned to N495, I responded to 1314 Centre St, Holly's Cleaners, for a single car MVA into a building. There I met the operator of MV1, Ellen Silver, who stated she was just pulling into the parking lot when she stepped on the brakes but the car did not stop. MV1 made contact with the building damaging a wall and breaking a window.

Newton City Inspector Jeff Johnson arrived on scene and deemed the building to be safe.

Medics evaluated the operator who signed a refusal.

Pictures were taken by Off. Wilson. Vehicle was towed by Tody's.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
DAVIDSON, JEFF,	1314 CENTRE ST NEWTON, MASSACHUSETTS 0	617-212-2508	97	BUILDING WALL AND WINDOWS

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