

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/24/2021		Time of Crash 17:32 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:						9	
WEST DERBY ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____ Mile Marker Exit Number									
SOUTH SHERIDAN ST													
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								3	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000467							
License # --- St MA DOB/Age ---				Reg # 48VP86 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013 Veh Make HONDA Veh Config. 1 20									
Operator ROBBINS MARGHERITA M				Owner ROBBINS JOEL								12	
Address 8 HAZELWOOD AVE				Address 8 HAZELWOOD AVE									
City W NEWTON State MA Zip 02465				City NEWTON State MA Zip 02465									
Insurance Company GENERAL				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
ROBBINS, BENJAMIN				8 HAZELWOOD AVE				--- --				M	
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 ---				Reg # 3WVD91 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20									
Operator DE OLIVEIRA MATHEUS				Owner (Same as operator)									
Address 141 ROBBINS				Address _____									
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____									
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 9 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) T1445626				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Derby St

Sheridan St

Unit 1

Unit 2

P.O.I.

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:

On Thursday 6/24/2021 at 5:40 pm I responded to MV accident on Derby St at Sheridan St. Upon my arrival I spoke to the Operator of MV 1 (MA REG 48VP86) and she stated that she was traveling westbound on Derby St and tried to take a left on to Sheridan St when MV 2 (MA REG 3WVD91) tried to pass her on the left side by going on the wrong side of the road and collided with her car. MV1 had damage on the driver side front wheel well.

I spoke with the operator of MV 2 and he stated that he tried to pass MV 1 on the left because he thought she was trying to pull into a driveway. MV 2 had damage on the passenger side. Both vehicles were able to be driven away and neither party was injured.

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

JOSEPH CUNNING NEWTON POLICE DEPT 06/24/2021

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

CDP1 11 24:00