

|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
|---|--|----------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |  |  |                                      | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>07/19/2021   |  | Time of Crash<br>04:13<br>24HR   |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |                                  |                               | < LOCATION >   |  | NOT AT INTERSECTION:                 |                     |                         |                        |   |  | 9  |  |
| Route# Direction Name of Roadway/Street<br>At   |  |                                  |                               | EAST 327 BROOKLINE ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ Mile Marker _____ Exit Number _____<br>Feet N S E W of _____<br>Feet N S E W of _____ Route# Intersecting Roadway/Street _____<br>Landmark _____   |  |                                      |                     |                         |                        |   |  | 2 10   |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  | 11   |  |
| Route# Direction Name of Intersecting Roadway/Street  |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  | 1  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped   |  | Case Number 210000526                |                     |                         |                        |   |  | 3  |  |
| License # --- St MA DOB/Age ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator DRISCOLL ELIZABETH<br>Address 106 THEODORE PARKER RD<br>City BOSTON State MA Zip 02132<br>Insurance Company COMMERCE INS                 |  |                                  |                               | Reg # 5AF787 Reg Type PAN Reg State MA<br>Veh Year 2008 Veh Make HOND Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 2 22 22 22 22 2 3 4<br>Most Harmful Event 2 23 10 Undercarriage<br>Driver Contributing Code 22 24 24 5 11 Totaled<br>Underride/Override 25 Towed Y   |  |                                      |                     |                         |                        |   |  | 12   |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  | 13   |  |
| Please fill out for operator and all occupants involved   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  | 2  |  |
| 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 3 4 0 0 10 1 NA   |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
| 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 |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  | 7 1  |  |
| License # --- St DOB/Age ---<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company _____   |  |                                  |                               | Reg # 8MC267 Reg Type PAN Reg State MA<br>Veh Year 2011 Veh Make NISS Veh Config. 2 20<br>Owner DYSON DAVID<br>Address 360 BROOKLINE ST<br>City NEWTON State MA Zip 02459<br>Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 1 24 24 5 11 Totaled<br>Underride/Override 25 Towed Y |  |                                      |                     |                         |                        |   |  | 8 1  |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>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 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 ----- ---  |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                  |                               |  |  |                                      |                     |                         |                        |   |  |  |  |

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

360 Brookline St.

Brookline St.

VEH 1

VEH 2

NOT TO SCALE

N

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 7/19/21 I was working N499 when I responded to the area of 360 Brookline St. for a report of an MVA with airbag deployment. Upon arrival I spoke with Elizabeth Driscoll the operator of Veh 1. Driscoll Stated she was traveling eastbound on Brookline St. when her steering wheel 'locked up and wouldn't move". Driscoll stated she was unable to turn the wheel which caused her car to travel across the the oncoming travel lane and collide with a parked vehicle (VEH 2).

Newton medics responded and cleared with a patient refusal. David Dyson (the owner of Veh 2) responded. Both Vehicles were towed away by Todys. All parties were provided a report number.

**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