



## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/24/2021	Time of Crash 09:09 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 0 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000543		
License # St DOB/Age			Reg # XF981 Reg Type PASS Reg State RI			Veh Year 2014 Veh Make JEEP Veh Config. 2					
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Operator CARTER CHRISTINE			Owner (Same as operator)					
Address 16 PAVILION COURT			City CRANSTON State RI Zip 02920			Insurance Company GARRISON PROPERTY AND CASUALTY					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 1 24 1 24		
Citation # (If Issued)			Underride/Override 25 Towed N			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator			See Above								
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type			Action Location Condition		
License # St DOB/Age			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config.					
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Operator			Owner					
Address			City State Zip			Insurance Company					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Citation # (If Issued)			Underride/Override 25 Towed			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled					
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator/Non-Motorist			See Above								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Dunkin Donuts  
(138 Needham St.)

Parking Lot Entrance

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

← N →

**Crash Narrative:**

On 7/24/21, Newton Police were dispatched to the Dunkin Donuts parking lot (138 Needham St.) for a motor vehicle accident.

Upon arrival, MV#1 was observed wedged, facing southbound inside the parking space between MV#2 and MV#3 with heavy front end damage. MV#2 was observed with damage to its rear end, while MV#3 had apparent damage to its driver side passenger door and side panel. Both MV#2 and MV#3 were parked, unoccupied prior to the collision. The operator of MV#1 stated she was reversing out of her parking space across the parking lot, when her brakes malfunctioned causing her to strike MV#2 before striking MV#3. The operator of MV#1 reported no injuries.

Damage to all vehicles were consistent with MV#1 reversing into MV#2's rear end before striking MV#3's driver

(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

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

**DANIEL SOHN**      NEWTON POLICE DEPT      07/24/2021

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

CDP1 11 -24:00

