

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/10/2021	Time of Crash 20:34 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
EAST WASHINGTON ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
SOUTH PARK ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street								
			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000597		
License # --- St MA DOB/Age ---			Reg # V86677			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2021			Veh Make VOLKSWAG			Veh Config. 1 20		
Operator BELLOFATTO LINDA Last First Middle			Owner (Same as operator)			First Middle					
Address 38 BAYVIEW AVE			Address								
City NAHANT State MA Zip 01923			City			State			Zip		
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24			8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N								
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			See Above			-----			--- 1 4 4 0 0 10 1		
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 # 1DDD16			Reg Type PAR			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make MERZ			Veh Config. 2 20		
Operator BAGHDASARYAN ASYA Last First Middle			Owner BAGHDASARYAN GURGEN Last First Middle								
Address 15 SCHOOL LA			Address 15 SCHOOL LN								
City WATERTOWN State MA Zip 02472			City WATERTOWN State MA Zip 02472								
Insurance Company GOVERNMENT EMPLOYEE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
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Operator/Non-Motorist			See Above			-----			--- 1 4 4 0 0 10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

Vehicle 2 was stopped at the intersection of Washington St @ Park St. heading eastbound. Operator stated that she witnessed the vehicle in front of her start to move forward in the flow of traffic but she herself did not accelerate yet. Operator then stated that vehicle number 1 rear ended her. Operator stated she had neck pain and signed a patient refusal with medics. There was only paint transfer of damage on the vehicle. Vehicle 1 was heading Eastbound on Washington St at Park St. when she thought vehicle 2 had started to proceed forward. Operator of vehicle 1 stated that she then rear ended vehicle 2. Vehicle 1 had front end damage and no personal injury.

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

KATELYN MARY POHLMAN **NEWTON POLICE DEPARTMENT** **08/10/2021**

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

CDP1 11 -24:00