

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/15/2021		Time of Crash 19:21 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 187 SARGENT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													2
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000608					
License # _____ St MA DOB/Age _____				Reg # 2XLS95				Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012				Veh Make TOYOTA		Veh Config. 1 20			
Operator ROBERGE LEAH N				Owner (Same as operator)								12	
Address 35 NEWCASTLE RD				Address _____									
City BRIGHTON State MA Zip 02135				City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 2 22 22 22 22				Event Sequence 2 23		Event Sequence 3 4			
Citation # (If Issued) _____				Most Harmful Event 2 23				Driver Contributing Code 13 24 24		Underride/Override 25 Towed Y			
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												13	
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												2	
Operator See Above													
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									
License # _____ St _____ DOB/Age _____				Reg # 1NLR68				Reg Type PAN		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2019				Veh Make TOYOTA		Veh Config. 2 20			
Operator _____				Owner GREENBERG WILLIAM									
Address _____				Address 187 SARGENT ST									
City _____ State _____ Zip _____				City NEWTON State MA Zip 02458									
Insurance Company LM GENERL INS CO				Vehicle Action Prior to Crash 11 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				Event Sequence 2 23		Event Sequence 3 4			
Citation # (If Issued) _____				Most Harmful Event 1 23				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
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 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:

187

MV2

MV1

SARGENT ST

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:

The operator of MV1 stated she was traveling Westbound on Sargent St. when the glare of the sun temporarily blinded her. As a result, she struck MV2, which was parked unoccupied on the side of the road in front of 187 Sargent St. The operator was evaluated on scene by the medics and signed a patient refusal.

MV1 sustained moderate front end damage and was towed from the scene by Tody's. MV2 sustained moderate rear bumper damage and was able to safely park in the driveway.

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

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPT.

08/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date