

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/26/2021		Time of Crash 10:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 15 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 111 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
1 1				3 1				2 1				4	
<input checked="" type="checkbox"/> Vehicle 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000634					
License # --- St MA DOB/Age ---				Reg # 20KF07 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2020 Veh Make TOYOTA Veh Config. 1 20									
Operator MULKEEN MARGARET				Owner (Same as operator)								12	
Address 105 OAKDALE DR				Address _____									
City NEWTON State MA Zip 02461				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 7 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 10 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 10 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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												10	
Operator See Above				-----									
7 1				Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
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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:

NOT TO SCALE

111 Needham St

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:

Mv#1 was travelling straight ahead on Needham St W/B in the area of #111. The Mv was being safely guided through this area under construction by detail Officers. While the Mv was passing through this area, an excavator digging in the street began moving which startled the Mv operator. As a result, the operator jerked her Mv to the right at which time the front passenger side bumper scraped a water pipe resting on the birm. The front passenger side bumper sustained minor scrape damage.

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