

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 08/26/2021	Time of Crash 18:09 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 2	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>9 EAST BOYLSTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>EAST WINSTCHESTER</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Feet N S E W of _____ Landmark _____</div>											
<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000636									
License # --- St MA DOB/Age ---				Reg # 96Y670 Reg Type PAN Reg State MA				Veh Year 2010 Veh Make CHRYSLER Veh Config. 1 20							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Operator JAMES NADIA TAMIKA				Owner (Same as operator)							
Address 12 PAISLEY PARK (apt. 12)				City DORCHESTER State MA Zip 02124				Insurance Company COMMERCE							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Citation # (If Issued)				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 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				87 VINE ST BROCTON, MA 02301											
LOWE, KEVASIA															
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 2JRE77 Reg Type PAN Reg State MA				Veh Year 2021 Veh Make NISSAN Veh Config. 2 20							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Operator YEARWOOD SHERNELLE E				Owner (Same as operator)							
Address 25 WYVERN ST				City ROSLINDALE State MA Zip 02131				Insurance Company PROGRESSIVE							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Citation # (If Issued)				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 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/Non-Motorist See Above															

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

WALNUT ST

BOYLSTON ST

WINCHESTER ST

← 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:**

Based on observations, and statements made, the following occurred.

M/V#1 was traveling east on Winchester St. and stopped at the stop sign to merge on to Rte 9 East (Boylston St.). While waiting for a break in traffic, to proceed, it was rear ended by M/V#2.

The operator of M/V #2 stated she had come to a stop behind M/V#1, and was also watching traffic, and M/V#1 moved from her line of sight. Believing M/V#1 had merged, M/V#2 proceeded to merge, and rear ended M/V#1.

Operator #2 stated that it was actually the passenger of M/V#1 that was operating. After a brief investigation, I was unable to substantiate her claim.

Both parties in M/V#1 complained of minor back pain, and were evaluated by medics.

**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

STEVEN C EMMANUEL      NEWTON POLICE DEPART      08/26/2021

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

CDP1 11 -24:00