

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/28/2021	Time of Crash 22:03 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 25 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 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000643		
License # St DOB/Age			Reg # 545XX5 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2016 Veh Make ACURA Veh Config. 1 20		
Operator Last First Middle			Owner SILVA ALICIA Last First Middle			Address 319 CHERRY STREET			City NEWTON State MA Zip 02465		
Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 3 4		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			10 Undercarriage			11 Totaled					
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			See Above								
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 Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			City State Zip		
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Operator/Non-Motorist			See Above								

→ 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:

Operator of MV 1 was traveling northbound on Cherry Street when she struck a parked vehicle MV2 and then struck an additional parked vehicle MV3. Both MV2 and MV3 were unoccupied. Operator of MV1 states she was on her way home from getting ice cream and does not know how the accident occurred. Operator of MV1 states she does not remember anything happening prior to the accident. A bystander who wishes to remain anonymous states that when the operator of MV1 got out of the vehicle she stated that she thought she had fallen asleep. Operator of MV1 was evaluated due to airbag deployment and her father signed a AMA refusal, stating they would take her on their own to the hospital. MV1 and MV2 towed from the scene by Tody's, owner of MV3 was able to be move MV3 into 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

ALLAN L. CICCONE, III

NEWTON POLICE DEPARTMENT

08/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date