

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/10/2021	Time of Crash 15:59 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
BELMORE PK											
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
16 EAST WASHINGTON ST			Feet N S E W of or 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								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000686		
License # --- St NY DOB/Age ---			Reg # SX77 Reg Type PAS Reg State NY								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019 Veh Make VOLVO Veh Config. 1 20								
Operator MURPHY BRENDAN P			Owner (Same as operator)								
Address 110 CLEARWATER RD			Address								
City NEWTON State MA Zip 02462			City State Zip								
Insurance Company AMERICAN FAMILY INSURANCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 18 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			6					
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 99 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 # 389ME3 Reg Type PAS Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015 Veh Make NISS Veh Config. 1 20								
Operator COLON CHRISTINA E			Owner (Same as operator)								
Address 11 EAST NEWTON ST (apt. 510)			Address								
City BOSTON State MA Zip 02188			City State Zip								
Insurance Company COMMERCE INS			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					
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage					
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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			-----			1 4 99 0 0 9 2			NEWTON WELLESLEY		

→ 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:**

On 09/10/2021 at 1600 hrs I responded to the area of Washington St@Belmore PK for an MVA. I arrived on location and observed V1 NY Reg SX77; 2019 Volvo/LL color blue. V1 Operator NY OLN 968528076. V2 MA Reg 389ME3; 2015 Niss/Altima color black. Both operators were out of the vehicles upon my arrival. V2 was having chest, back and neck pain. V2 operator was evaluated by EMS on scene. V2 Operator was transported by ambulance to Newton Wellesley Hospital for further evaluation. V1 operator was uninjured and sign an evaluation waiver with EMS on scene.

On scene I spoke with V1 operator who stated he was coming off the (5N off ramp attempting to turn left onto Washington St. (westbound). Both directions of Washington are multi lane. V1 operator described traffic as heavy. V1 operator stated he saw a gap in traffic and proceeded to cross over the eastbound lanes

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**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

**DANIEL S SULLIVAN**      **NEWTON POLICE DEPART**      **09/10/2021**

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

CDP1 11 -24-00

**Crash Narrative:**

to turn left onto the westbound side. V1 operator stated he never saw V2 traveling in the #1 lane of Washington St (eastbound). V1 had an obstructed view by oncoming traffic in the #2 lane of Washington St. (eastbound) and collided into V2.

The crash scene was cleared and both vehicles were towed by Tody's Towing Inc. I did not observe airbag deployment in either vehicle.

Once clear of the crash scene I proceeded to NWH to speak with the V2 operator. V2 operator stated she was traveling straight ahead on Washington St (eastbound). V2 operator basically explained never knew what hit her. She never saw V1 and only felt the impact of the collision. V2 operator was waiting to be treated for chest, back and neck pain. V2 was placed in a cervical collar and back board by EMS prior to transport

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Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DANIEL S SULLIVAN			NEWTON POLICE DEPARTM		09/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

[illegible]

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DANIEL S SULLIVAN			NEWTON POLICE DEPT#73		09/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					