

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/11/2021		Time of Crash 06:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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:									
<div><div>SOUTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>FULLER ST</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>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet N S E W of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000687							
License # --- St MA DOB/Age ---				Reg # 1PXF95		Reg Type PAN		Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2013		Veh Make NISSAN		Veh Config. 1 20							
Operator SHER RACHEL				Owner (Same as operator)											
Address 101 WALKER ST (apt. B3)				Address											
City NEWTON State MA Zip 02460				City		State		Zip							
Insurance Company FOREMOST INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 42 22 35 22 22 22		Most Harmful Event 35 23		Driver Contributing Code 16 24 24		Underride/Override 25 Towed Y					
Citation # (If Issued)				Citation # (If Issued)		Citation # (If Issued)		Citation # (If Issued)		Citation # (If Issued)					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: 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		-----		---		1 4 4 0 0 9 97		BETH ISRAEL NEEDHAM			
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 _____							
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22		Most Harmful Event 23		Driver Contributing Code 24 24		Underride/Override 25 Towed _____					
Citation # (If Issued)				Citation # (If Issued)		Citation # (If Issued)		Citation # (If Issued)		Citation # (If Issued)					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
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Operator/Non-Motorist				See Above		-----		---		-----					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

414 Chestnut Street

Chestnut Street

Fuller Street

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 OP. of MV#1 stated she was having pain issues and was driving herself to the hospital. While travelling southbound on Chestnut Street., pain suddenly hit her and she lost control of her vehicle. MV#1 struck the fence of 414 Chestnut Street, along with some shrubbery and rocks.

The OP. of MV#1 refused the medics but was still feeling pain not related to the accident. A family member of the Operator was on scene and drove the Operator to Beth Israel Needham because that's their preferred facility.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CONSTANTINE, FLOROS,	414 CHESTNUT ST NEWTON, MASSACHUSETTS 0		97	FENCE, DECORATE ROCK AND OTHERS

**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