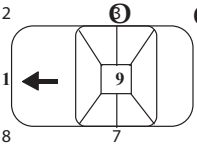
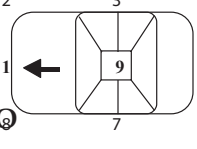



## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/14/2021	Time of Crash 10:48 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 82 LINCOLN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000701			
License # _____ St MA DOB/Age _____			Reg # MP1308		Reg Type MVN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2015		Veh Make FORD		Veh Config. <u>1</u> <u>20</u>			
Operator DOUCETTE MAUREEN Last First Middle			Owner CITY OF NEWTON Last First Middle		Address 1321 WASHINGTON STREET		City NEWTON State MA Zip 02465			
Address 1321 WASHINGTON STREET			City NEWTON		State MA Zip 02465		Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			
Insurance Company SELF INSURED			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>		Towed <u>N</u>					
Citation # (If Issued) N/A			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled			
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 N/A			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 2EGT90		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2012		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator GREENWALD NANCY Last First Middle			Owner (Same as operator)		Address _____		City _____ State _____ Zip _____			
Address 615 HIGHLAND AVENUE			City NEEDHAM		State MA Zip 02494		Vehicle Action Prior to Crash <u>6</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			
Insurance Company COMMERCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u>		Towed <u>N</u>					
Citation # (If Issued) N/A			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		10 Undercarriage 5 11 Totaled			
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 10 1 N/A			



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:			
	<input type="checkbox"/> Off-Street Parking Lot			
	<input type="checkbox"/> Garage			
	<input type="checkbox"/> Mall/Shopping Center			
	<input type="checkbox"/> Other Private Way			
	Indicate North by Arrow			
				

Crash Narrative:

operator of MV1 reported no injuries.

The operator of MV2, Nancy Greenwald, stated her 2012 Honda Accord (MA: 2EGT90) was parked in a parking spot in front of 82 Lincoln Street. Ms. Greenwald stated while operating her vehicle she attempted to merge onto Lincoln Street (E) from her parking spot. Ms. Greenwald stated as she made her left turn into traffic, the front driver side of her vehicle crashed into the passenger side of MV2 as it passed by. Ms. Greenwald reported no injuries. I observed minor damage to the front driver side bumper/fender area. Photos were taken of both vehicles and submitted to the IT Bureau.

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

09/14/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date