

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/15/2021	Time of Crash 08:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			SOUTH 945 CHESTNUT ST 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							
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 2100000705			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HOLLAND AMANDA K Address 118 PARKER ST City NEWTON State MA Zip 02459 Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA			Reg # 1CDC82 Reg Type PAS Reg State MA Veh Year 2012 Veh Make NISSAN Veh Config. 2 20 Owner (Same as operator) Address City State Zip 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 Citation # (If Issued) 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 Y 							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator CARROLL SARAH HYDON Address 64 CANTERBURY DR City SUDBURY State MA Zip 01776 Insurance Company COMMERCE INSURANCE COMPANY			Reg # 3MBW54 Reg Type PAS Reg State MA Veh Year 2019 Veh Make LANDROVER Veh Config. 2 20 Owner (Same as operator) Address City State Zip 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 Citation # (If Issued) 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 4 24 24 Underride/Override 25 Towed N 							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- 99 99 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Diagram labels: CHESTNUT ST, RT 9 EAST OFF RAMP, Unit 1, Unit 2, 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:

On 09/15/21 at approximately 08:00 I responded to the intersection of the Rt. 9 East off ramp and Chestnut St for a report of a two vehicle crash. Upon arrival I found the operator of veh #1 pulled into the driveway of #742 Chestnut St. The operator of veh #1 stated she was driving South on Chestnut St when veh #2 drove from her right off the exit ramp without stopping and struck her in the passenger side front. Operator #1 stated operator #2 gave her a license but she never got the license plate or insurance company. I queried operator #2 and came up with the registration and insurance company to give operator #1. Unknown damage to vehicle #2. Veh #1 was towed by David and Tody's Towing with moderate damage.

I tried calling Operator #2 and leaving a message but it is unknown if I have the correct phone number for her at this time.

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