

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/23/2021	Time of Crash 16:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	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:				
Route# Direction Name of Roadway/Street At			WEST 140 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street			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			Feet N S E W of _____			Landmark				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000749	
License # --- St MA DOB/Age ---			Reg # BCPD8 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2020 Veh Make FORD Veh Config. 97 20				
Operator PIERRE SHAFER S			Owner TRUSTEES OF BOSTON			Address 140 COMMONWEALTH AVE				
City CHESTNUT HILL State MA Zip 02467			City NEWTON State MA Zip 02467			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company ARBELLA			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23				
Vehicle Travel Direction: N S E W Responding to Emergency? N			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N				
Citation # (If Issued) _____			10 Undercarriage			11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			13			3				
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			Operator				
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 2 15 Location 3 16 Condition 99 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year --- Veh Make --- Veh Config. 20				
Operator KENNY ANNE			Owner			Address				
City NEEDHAM State MA Zip 02492			City --- State --- Zip ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
Insurance Company			Event Sequence 22 22 22 22			Most Harmful Event 23				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____				
Citation # (If Issued) _____			10 Undercarriage			11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			13			3				
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/Non-Motorist			See Above			Operator/Non-Motorist				

→ 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:

BCPD1 was exiting BC Property at 140 Commonwealth ave, the officers sight line was obstructed by the car in front who swerved to avoid the pedestrian in the roadway. BC PD Officer states he had no time to react to the pedestrian in front of him. BC PD Officer attended to the pedestrian and did not stop the motor vehicle in front of him that failed to yield to the pedestrian in the roadway. It should be noted that there are stairs leading from Commonwealth carriage Rd to Commonwealth ave, but there is not pedestrian crossing in the roadway. Pedestrian stated she was coming down the stairs and trying to cross over Commonwealth ave to get onto BC campus. Pedestrian was medically evaluated by BC Ambulance and signed a patient refusal.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KATELYN MARY POHLMAN NEWTON POLICE DEPT 09/23/2021

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

CDP1 11 -24:00