

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 09/27/2021	Time of Crash 23:10 24HR	City/Town NEWTON	Number Vehicles 1	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: _____				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			SOUTH 926 WALNUT ST Route# Direction Address # Name of Roadway/Street							
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 _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			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 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000765	
License # --- St MA DOB/Age ---			Reg # 681YH1 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008 Veh Make TOYOTA Veh Config. 1 20	
Operator BONFANTI SARAH			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 926 WALNUT ST (apt. RIGHT SIDE)			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 4 21	
Insurance Company GARRISON PROPERTY & CASUALTY INSURANCE			Event Sequence 26 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 26 23			Driver Contributing Code 1 24 24			5 11 Totaled	
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Vehicle Diagram			6	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33			13 26	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator			See Above			1 4 4 0 0 10 1				
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 _____			City _____ State _____ Zip _____	
Address _____			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21	
Insurance Company _____			Event Sequence 22 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage	
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Operator/Non-Motorist			See Above			1 4 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Walnut St

926 Walnut St

Ditch

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:

Operator 1 stated she was traveling Southbound on Walnut St and tried to turn left into her driveway located at 926 Walnut St. As she tried to pull into her driveway, her vehicle got stuck in a ditch that was dug up by the city. There was also about an inch of water in the ditch, it is unknown if it was related to the excavation work. It should be noted that there was no cones placed around her driveway.

There was minor damage to the front bumper of vehicle 1 and operator 1 had AAA towing removed the vehicle from the ditch and she was able to park it in a neighbors driveway for the night.

Photos were taken and will be submitted to the IT Bureau to attach to this report.

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

ROBERT DRAGONE NEWTON POLICE DEPTA 09/27/2021

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

CDP1 11 24:00