

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/06/2021	Time of Crash 18:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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 _____			EAST 305 CENTRE 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 _____				2 9			
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 _____				2 10			
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 _____ Landmark _____				11 4			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000791	
License # _____ St MA DOB/Age _____			Reg # 2XHV48 Reg Type PAN Reg State MA			12				
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016 Veh Make VOLVO Veh Config. <u>1</u> <u>20</u>			1				
Operator CHAG PATRICIA Last First Middle			Owner (Same as operator) Last First Middle			1				
Address 440 OLD CONNETTICUT PATH (apt. 7)			Address _____			1				
City FRAMINGHAM State MA Zip 01701			City _____ State _____ Zip _____			1				
Insurance Company USAA			Vehicle Action Prior to Crash <u>9</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			1				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>9</u> <u>24</u> <u>24</u>			6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>			6				
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			13 1				
Operator			See Above			-----			---	
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 ON DOB/Age _____			Reg # PA20542 Reg Type CON Reg State ON			20				
Sex M Lic. Class <u>A</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2015 Veh Make PTRB Veh Config. <u>8</u> <u>20</u>			8				
Operator NOAKES DONALD Last First Middle			Owner PATCO Last First Middle			1				
Address 7 PINEHILL DR			Address 7 COCHRAN DR			1				
City BRANTFORD State ON Zip N3TOM5			City ONTARIO State ON Zip _____			1				
Insurance Company OLD REPUBLIC			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			1				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage				
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			6				
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			13 1				
Operator/Non-Motorist			See Above			-----			---	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Washington St

Centre St

P.O.I.

Mass pike exit 17

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 operator of MV 1 stated she was attempting to enter MA turnpike exit 17 eastbound from Centre St when she side swiped MV 2s trailer. The drivers side was entrapped but the operator was able to exit via the passenger side. The operator of MV 1 signed a patient refusal and was not injured. MV 1 sustained significant damage to the left side and windows. MV 1 was towed by Todys' Towing. The operator of MV 1 stated she did not know the lane she was in was only one lane and attempted to pass MV 2 on the right.

MV 2 was traveling straight attempting to enter exit 17 Eastbound when MV 1 side swiped him. The trailer sustained a few marks but no significant damage. The operator of MV 2 was not injured.

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 # PA20542 (From Vehicle Section)

Carrier Name PATCO EQUIPMENT INC Carrier Issuing Authority Code 35

Address 2910 VIRTUAL WAY City VANCOUVER St BC Zip NA

US DOT #: NA State Number NA Issuing State BRITISH ICC #: 1 Interstate 36

Cargo Body Type Code 99 Gross Vehicle Weight 3

Trailer Reg #: M21O5C Reg Type TL Reg State BRITISH Reg Year 2015 Trailer Length 4

Hazmat Information:

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

DONALD MURPHY **NEWTON POLICE DEPT** **10/06/2021**

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

CDP1 11 -24:00