Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other:
10/10/2021	15:56 24HR	NEWTON	2	0	30			☐	☒	☐	

LOCATION

AT INTERSECTION:

1 Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

9 2

Route# WEST Direction 1121 Address # WASHINGTON ST Name of Roadway/Street

10 2

Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

11 3

3 ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000804

4 1

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

Operator ROGERS (Last) CAMPBELL (First) GARDNER (Middle)

Address 31 BROOKDALE RD

City NEWTON State MA Zip 02460

Insurance Company THE COMMERCE INSURANCE

5 Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)

6 1 Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 1VTW45 Reg Type PAN Reg State MA

Veh Year 2013 Veh Make VOLKSWAGEN Veh Config. 1 20

12 1 Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 1 21

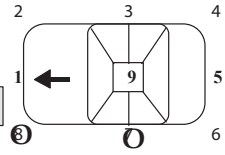
Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 19 24 24

Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

13 1

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	1	1	2	0	10	1	

7 1 Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☒ Hit/Run ☐ Moped

8 1

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

Operator MULLEN (Last) CHRISTOPHER (First) L (Middle)

Address 59 KENSINGTON ST

City NEWTON State MA Zip 02460

Insurance Company THE COMMERCE INSURANCE

Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # V727777 Reg Type CON Reg State MA

Veh Year 2019 Veh Make HONDA Veh Config. 1 20

Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 1 21

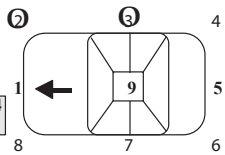
Damaged Area Code: (Circle Up to Three)

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

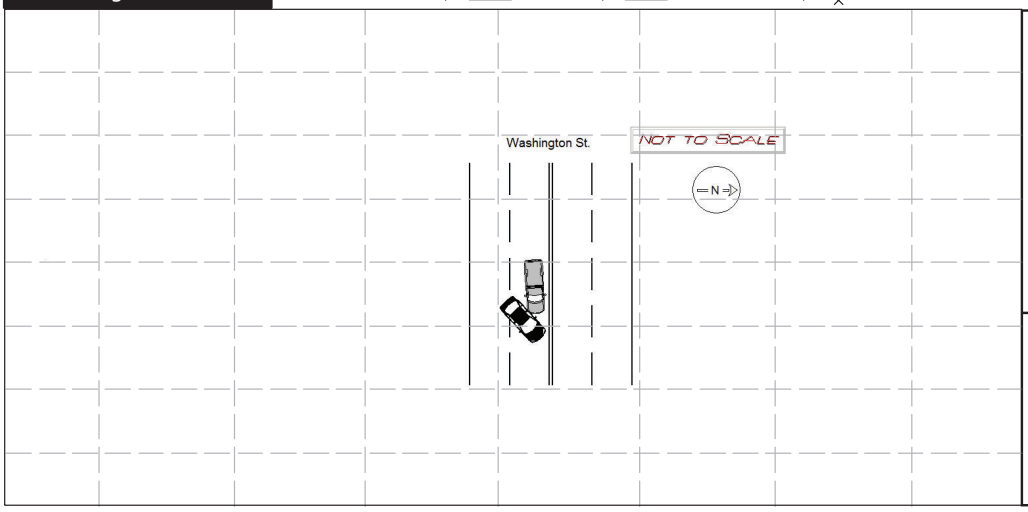
Please fill out for operator and all occupants involved

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	3	1	1	0	10	1	

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: 1 2



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 MV1 stated that they were driving Westbound on Washington St. when they saw an open parking spot on the other side of the road. The operator of MV1 stated that they tried to make a U turn heading Eastbound to try to get the open parking spot. MV1 was on the first lane and did not see MV2 on the second lane. MV1 had major damage to the left side of the vehicle, and all airbags were deployed.

The operator of MV2 stated that they were driving Westbound on Washington St. when they saw MV1 attempt to make a U-Turn. MV2 stated that they did not have enough time to react which lead to the crash. MV2 had major damage to the front right side of the vehicle, and all airbags were deployed.

Both parties had no injures and denied medical treatment. Todys's arrived on scene and took possession of both motor vehicles.

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

ELMER ACUNA			NEWTON POLICE DEPARTM		10/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00