

|   |  |                                |                               |   |  |                                      |                     |                        |                     |   |  |  |   |   |
|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|------------------------|---------------------|---|--|--|---|---|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                        |                     |   |  |  |   |   |
| Date of Crash<br>10/10/2021   |  | Time of Crash<br>21:09<br>24HR |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>2   | Number Injured<br>1 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |   |   |
| AT INTERSECTION:  |  |                                |                               | < LOCATION >  |  | NOT AT INTERSECTION:                 |                     |                        |                     |   |  | 9  |   |   |
| WEST<br>COMMONWEALTH AVE<br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____   |  |                                |                               | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____   |  |                                      |                     |                        |                     |   |  | 10   |   |   |
| NORTH<br>HOMER ST<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____  |  |                                |                               | Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____  |  |                                      |                     |                        |                     |   |  | 11   |   |   |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |  |                                |                               | Landmark _____  |  |                                      |                     |                        |                     |   |  | 6  |   |   |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants  |  |                                |                               | <input type="checkbox"/> Hit/Run  |  | <input type="checkbox"/> Moped       |                     | Case Number 2100000805 |                     |   |  |  | 3 |   |
| License # _____ St MA DOB/Age _____<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator MOREL DENNIS<br>Address 226 AUBURN ST<br>City NEWTON State MA Zip 02466<br>Insurance Company PROGRESSIVE DIRECT INSURANCE<br>Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                 |  |                                |                               | Reg # 6WG673 Reg Type PAN Reg State MA<br>Veh Year 2012 Veh Make HONDA Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y<br>10 Undercarriage 5 11 Totaled |  |                                      |                     |                        |                     |   |  | 12   |   |   |
| Please fill out for operator and all occupants involved   |  |                                |                               | 26 27 28 29 30 31 32 33<br>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  |  |                                      |                     |                        |                     |   |  | 13   |   |   |
| Operator See Above  |  |                                |                               | 1 3 4 0 0 10 1  |  |                                      |                     |                        |                     |   |  | 1  |   |   |
| MAYO, ERIN 125 PROSPECT ST WALTHAM, MA 02453  |  |                                |                               | F 3 1 3 4 0 0 10 1  |  |                                      |                     |                        |                     |   |  |  |   |   |
|   |  |                                |                               |   |  |                                      |                     |                        |                     |   |  |  |   |   |
|   |  |                                |                               |   |  |                                      |                     |                        |                     |   |  |  |   |   |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants  |  |                                |                               | <input type="checkbox"/> Non-Motorist A Type 14   |  | Action 15                            |                     | Location 16            |                     | Condition 17  |  | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |   | 7 |
| License # _____ St MA DOB/Age _____<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator NILAND SUSAN JEAN<br>Address 20 WHITMAN RD (apt. B-1)<br>City WALTHAM State MA Zip 02453<br>Insurance Company THE STANDARD FIRE INSURANCE<br>Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |                                |                               | Reg # 987RG7 Reg Type PAN Reg State MA<br>Veh Year 2014 Veh Make KIA Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y<br>10 Undercarriage 5 11 Totaled   |  |                                      |                     |                        |                     |   |  | 8  |   |   |
| Please fill out for operator and all occupants involved   |  |                                |                               | 26 27 28 29 30 31 32 33<br>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/Non-Motorist See Above   |  |                                |                               | 1 4 4 0 0 8 2 BI NEEDHAM  |  |                                      |                     |                        |                     |   |  |  |   |   |
| BLAKELY, REBECCA, MARIA 1270 COMMONWEALTH AVE NEWTON, MA 02465  |  |                                |                               | F 3 1 4 4 0 0 10 1  |  |                                      |                     |                        |                     |   |  |  |   |   |
|   |  |                                |                               |   |  |                                      |                     |                        |                     |   |  |  |   |   |
|   |  |                                |                               |   |  |                                      |                     |                        |                     |   |  |  |   |   |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Commonwealth Ave  
Homer St  
Lowell Ave  
Commonwealth Ave

NOT TO SCALE

Group of bicyclists

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 of MV1 states he was traveling westbound on Commonwealth Ave approaching the intersection where Homer Street and Lowell Ave meet. Operator of MV1 states while entering the intersection he noticed a group of bicyclists coming towards him in his lane of travel. Operator of MV1 states to avoid hitting the bicyclists he swerved left and struck MV2 who was attempting to turn left onto Lowell Ave coming from Commonwealth Ave eastbound. MV1 sustained damage to the front left corner panel and air bag deployment. MV1 towed from the scene.

Operator of MV2 states she was traveling eastbound on Commonwealth Ave and came to a stop at the intersection of Lowell Ave and Homer Street. Operator of MV2 states while waiting in the left turn only lane to attempt to take a left onto Lowell Ave, MV1 swerved into the left turn only lane and struck MV2. MV2

(Continued on next page)

**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

**TIMOTHY F KEEFE**      **NEWTON POLICE DEPT**      **10/10/2021**

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

CDP1 11 -24:00

→ 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:

sustained damage to the left front corner panel. MV2 towed from the scene. Operator of MV2 confirmed there were a group of bicyclists traveling on Commonwealth Ave.

Operator of MV2 complained of right shoulder pain and was transported by Fallon to the BI Needham. The passenger of MV2 signed a patient refusal. The operator and passenger of MV1 signed patient refusals. Towed motor vehicle inventory forms completed and filed.

#### 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

TIMOTHY F KEEFE

NEWTON POLICE DEPART

10/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date