

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/11/2021	Time of Crash 08:41 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 870 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000808		
License # --- St MA DOB/Age ---			Reg # 7YW117 Reg Type PAN Reg State MA			12					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2013 Veh Make NISSAN Veh Config. 2 20								
Operator JEAN LAURENT MARIE SHEDLY			Owner (Same as operator)								
Address 137 PLEASANT ST (apt. C)			Address								
City MELROSE State MA Zip 02176			City State Zip								
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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			99 4 4 0 0 8 2								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---			Reg # K081237 Reg Type APPORTION Reg State TX			13					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2018 Veh Make CHEVY Veh Config. 2 20								
Operator LITTLE JESSE M			Owner (Same as operator)								
Address 203 LOWELL ST			Address								
City WALTHAM State MA Zip 02453			City State Zip								
Insurance Company ZURICH AMERICAN			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 97 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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			99 4 4 0 0 10 1								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

870 Walnut St

Walgreens 1101 Beacon St

Walnut St

MV#1

MV#2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of MV#1 stated she was stationary at the red light at 870 Walnut St (Southbound) when she was struck from behind by MV#2. MV#1 sustained minor damages to its rear end. The operator of MV#1 sustained unknown non-incapacitating injuries and was transported to Newton Wellesley Hospital by Newton Paramedics. MV#1 was secured and parked in the parking lot of "Walgreens" at 1101 Beacon St.

The operator of MV#2 stated he was travelling southbound on Walnut St when his foot slipped off the brake pedal and struck MV#1. MV#2 sustained minor damages to its front end. There were no reported injuries to the operator of MV#2.

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