

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/13/2021	Time of Crash 08:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
WEST WASHINGTON ST Route# Direction Name of Roadway/Street At NORTH LOWELL AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000816					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 99 Lic. Restrictions 1 19 CDL Endorsment Operator CONNORS TRACY A Address 14 MARLBOROUGH City BOSTON State MA Zip 02116 Insurance Company GEICO			Reg # 8705KG Reg Type PAN Reg State MA Veh Year 2007 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) 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 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed Y									
Vehicle Travel Direction: N S E W Responding to Emergency? Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled 9									
Please fill out for operator and all occupants involved			13									
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 99 0 0 10 1 NONE									
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 --- Sex F Lic. Class D 18 18 99 Lic. Restrictions 1 19 CDL Endorsment Operator SUPPLE REBECCA A Address 68 WESTERN VIEW DR City MARLBOROUGH State MA Zip 01752 Insurance Company LIBERTY MUTUAL			Reg # 2YK876 Reg Type PAN Reg State MA Veh Year 2018 Veh Make CHEVY Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 43 22 22 22 Most Harmful Event 43 23 Driver Contributing Code 4 24 1 24 Underride/Override 25 Towed Y									
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Please fill out for operator and all occupants involved			13									
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 1 99 0 2 8 2 NEWTON WELLESLEY H									

→ 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:

MV1 proceeding straight ahead on Westbound via Washington Street collided with MV2 negotiating a Northbound turn from Washington Street to Lowell Ave. Collision resulted in MV2 rolling and coming to rest on roof. Operator MV2 was entrapped in vehicle, Officer Tocci able to break the window and assist Operator out of vehicle.

Operator MV2 transported to Newton Wellesley Hospital via Medic 2.

MV1 and MV2 towed to Tody's. A towed motor vehicle form 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

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

ISAIAH JELLINEK

NEWTON POLICE DEPT.

10/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date