

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/18/2021	Time of Crash 17:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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 22 UNION ST Route# Direction Address # Name of Roadway/Street				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 _____ • _____ or _____ Mile Marker Exit Number				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 _____ Route# Intersecting Roadway/Street				11			
Route# Direction Name of Intersecting Roadway/Street			Landmark				4			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000841	
License # --- St MA DOB/Age ---			Reg # 9BJ419 Reg Type PAN Reg State MA			12				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2017 Veh Make RAM Veh Config. 2 20			1				
Operator WILSHERE PAUL A			Owner (Same as operator)			1				
Address 36 MONTGOMERY ST (apt. 2)			Address _____			1				
City CAMBRIDGE State MA Zip 02140			City _____ State _____ Zip _____			1				
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			1				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			1				
Citation # (If Issued) _____			Most Harmful Event 1 23			1				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			1				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			1				
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33			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			1				
Operator See Above			1 4 4 0 0 10 1			1				
Operator										
Operator										
Operator										
Operator										
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 # 9HV446 Reg Type PAN Reg State MA			12				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 20			1				
Operator GURNANI SANAM T			Owner (Same as operator)			1				
Address 21 TUCKER ST (apt. 12)			Address _____			1				
City PEPPERELL State MA Zip 01463			City _____ State _____ Zip _____			1				
Insurance Company GOVT EMP			Vehicle Action Prior to Crash 6 21			1				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			1				
Citation # (If Issued) _____			Most Harmful Event 1 23			1				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			1				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			1				
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33			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			1				
Operator/Non-Motorist See Above			1 4 4 0 0 10 1			1				
Operator/Non-Motorist										
Operator/Non-Motorist										
Operator/Non-Motorist										
Operator/Non-Motorist										

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON STREET

UNION STREET

22

LANGLEY STREET

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:

On 10/18/2021, while assigned to N496, I, Officer Conary, responded to 22 Union Street for a MVA. Upon arrival, I met with Operator of MV1 who stated he was driving Eastbound on Union Street when MV2 pulled out and hit MV1. Operator of MV1 showed me only the rear damage but there was also damage to the right front bumper as well.

Operator of MV2 stated that she was pulling out of a parking spot going Eastbound on Union Street when MV1 hit MV2. MV2 was about halfway out of the parking spot. Operator of MV2 said while she was pulling out she saw that MV1 was driving quickly down the street.

A witness on scene said that he saw MV1 hit MV2. MV1 was driving quickly down the street before the accident. This witness attends Newton South.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ABU AMARA, UDAIL,	197 GRANT STREET NEWTON, MA	-----	N

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

KRISTINA CONARY

NEWTON POLICE DEPART

10/18/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

