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	
10/23/2021	06:19 24HR	NEWTON	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1/2 Route# SOUTH Direction JACKSON RD Name of Roadway/Street
At
WEST Direction WASHINGTON ST Name of Intersecting Roadway/Street
Also at Intersection with
2/1 Route# Direction Name of Intersecting Roadway/Street

2/9 Route# Direction Address # Name of Roadway/Street
2/10 ____Feet N S E W of ___ ___ ___ • ___ Mile Marker or ____ Exit Number
____Feet N S E W of
____Feet N S E W of
1/11 Route# Intersecting Roadway/Street
Landmark

3/1 ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000861

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D (18) (18) Lic. Restrictions B (19) CDL Endorsment
4/3 Operator ROSE (Last) ANYA (First) (Middle)
Address 42 SCHOOL ST
City SLATERSVILLE State RI Zip 02876
Insurance Company AMICA
5/1 Vehicle Travel Direction: N S E ☒ Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6/1 Violation 3: Ch Sec Violation 4: Ch Sec

Reg # ZM580 Reg Type PAN Reg State RI
Veh Year 2008 Veh Make FORD Veh Config. 1 (20)
3/12 Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 (21)
Event Sequence 23 (22) (22) (22) (22)
Most Harmful Event 23 (23)
Driver Contributing Code 99 (24) 99 (24)
Underride/Override (25) Towed Y
Damaged Area Code: (Circle Up to Three)
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	See Above	- - - - - - - -	- - -	- - -	99	4	99	0	0	10	1	

13/23

7/3 Please Select One of the Following: ☐ Vehicle ___# Occupants ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) ☐ Hit/Run ☐ Moped

License # St DOB/Age
Sex Lic. Class (18) (18) Lic. Restrictions (19) CDL Endorsment
8/2 Operator Last First Middle
Address
City State Zip
Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency?
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # Reg Type Reg State
Veh Year Veh Make Veh Config. (20)
Owner Last First Middle
Address
City State Zip
Vehicle Action Prior to Crash (21)
Event Sequence (22) (22) (22) (22)
Most Harmful Event (23)
Driver Contributing Code (24) (24)
Underride/Override (25) Towed
Damaged Area Code: (Circle Up to Three)
10 Undercarriage
11 Totaled

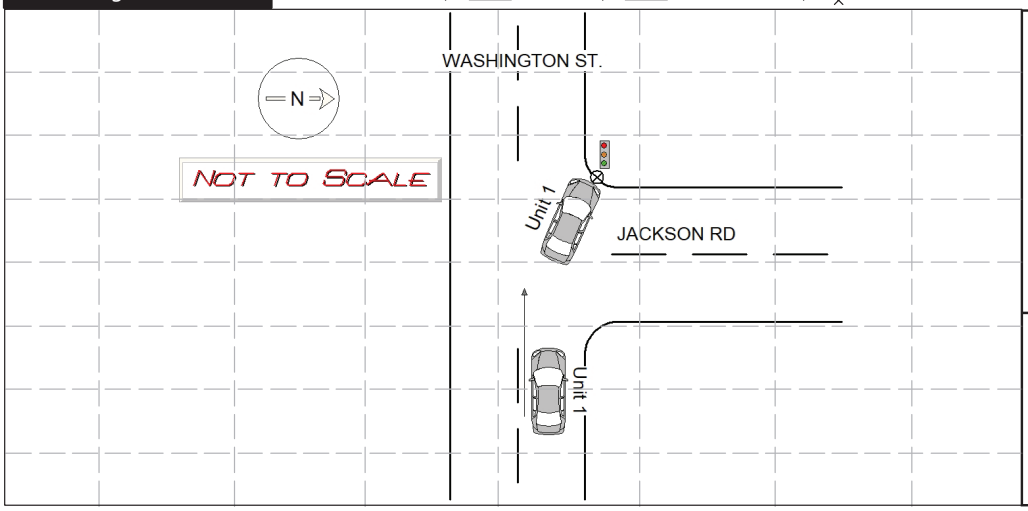
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -								

Crash Diagram:

Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

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:

MV#1 Was traveling Westbound on Washington St then veered of the road and into a light pole at the intersection of Washington St and Jackson Rd.

OPMV#1 Stated she fell asleep behind the wheel and was driving to Rhode Island.

MV#1 Sustained major damage to the front end and was towed by Tody's Towing.

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]

REID LARSON			NEWTON POLICE DEPARTM		10/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00