

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 10/29/2021	Time of Crash 16:43 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 770 CENTRE ST				Route# Direction Address # Name of Roadway/Street			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street _____			
Route# Direction Name of 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 210000881	
License # --- St MA DOB/Age ---			Reg # 1ZRF36 Reg Type PAN Reg State MA			Veh Year 2008 Veh Make HONDA Veh Config. 2			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	
Operator BERENT MELANIE			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 141 SEA ST (apt. 303)			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company GEICO			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			-----			4 1 1 0 0 10 1				
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 # 9LB598 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make TOYOTA Veh Config. 1			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	
Operator SOLOMON DEAN			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 57 LANGDON AVE			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)	
Insurance Company THE STANDARD FIRE INS. CO.			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled	
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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			-----			4 1 1 0 0 10 1				

→ 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:**

At approximately 1643HRS on Friday, October, 29, 2021, I was traveling northbound on Centre St., when I came upon a two car motor vehicle crash, just past #770. Upon arrival, I observed MV 1 (MA Pass: 1ZRF36) to be primarily on the sidewalk, with a portion of its rear in the roadway. MV1 sustained damage to its driver's side front bumper, headlight and wheel well area and was not operable. I observed MV2 to be pulled off to the side of the road. MV2 sustained damage to its passenger's side rear bumper and tail light area and was able to continue to operate.

Upon speaking to the operator of MV1, they stated they were traveling northbound on Centre St., when the vehicles in front of them were stopped at a red traffic light. They attempted to brake, however, their soccer cleat become stuck and they could not access the peddle. In an attempt to avoid a collision with MV2, they

(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

CHRISTOPHER G HOWES	38804	NEWTON POLICE DEPART	10/29/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

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:**

steered MV1 to the right, but were unsuccessful; they then struck MV2 in the rear and came to rest on the sidewalk, but avoided hitting the stone wall and street sign. The operator of MV2 stated they were stopped at the red traffic light, when MV1 hit them in the rear.

This crash produced no injuries. Todys arrived and removed MV1, as it was not operable and was blocking the sidewalk. I completed and filled an NPD Towed Motor Vehicle Inventory Form and cleared without further incident.

**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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

10/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date