

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/02/2021	Time of Crash 14:40 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 41 MORRILL ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				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 _____ Route# Intersecting Roadway/Street				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 _____ Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000890		
License # --- St AZ DOB/Age ---			Reg # 3SSV41 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20			12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____			1		
Operator ALIMU ADILA			City _____ State MA Zip 02421			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Address 15 CAPTAIN PARKER ARMS (apt. 15)			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N			6		
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 9 1			13 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			1		
License # --- St MA DOB/Age ---			Reg # BHYN65 Reg Type NA Reg State FL			Veh Year 2018 Veh Make ISUZU Veh Config. 13 20			2		
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner (Same as operator)			Address _____			1		
Operator GOMES FRANCISCO MANUEL			City _____ State MA Zip 02301			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 78 CLIFTON AVE FRNT (apt. 1)			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 2 23			5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			6		
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			13 2		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

41 Morrill St

MV#1

Morrill St

MV#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:

The operator of MV#1 stated she was parked in front of 41 Morrill St with her engine running when she was struck by MV#2. The operator of MV#1 stated she did not travel forward and was merely parked. MV#1 sustained heavy front end damages. The operator of MV#1 was visibly crying and distraught. Initially, the operator of MV#1 stated she was not injured but when her boyfriend arrived, he requested a medical evaluation for her. The operator of MV#1 was evaluated by Newton Paramedic 3 and signed a patient refusal of treatment. The operator of MV#1 along with her boyfriend arranged for their own towing service.

The operator of MV#2 stated he was travelling northbound on Morrill St when MV#1 pulled out into his travel lane striking his rear metal step board. There were no damages to MV#2 and only a minor transfer of paint onto its metal step board. I inspected the rest of MV#2 and did not observe any other noticeable damages.

(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

