

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 11/07/2021		Time of Crash 12:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9				
1 1	NORTH LANGLEY RD												2			
	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10			
	EAST UNION ST					Feet N S E W of _____ or _____ Mile Marker Exit Number										
2 1	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of _____ Route# Intersecting Roadway/Street							11			
	Route# Direction Name of Intersecting Roadway/Street					Feet N S E W of _____ Landmark							3			
3	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000909									
4 2	License # --- St MA DOB/Age ---					Reg # 9HR833		Reg Type PAN		Reg State MA		12				
	Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____					Veh Year 2014		Veh Make TOYOTA		Veh Config. 1 20						
	Operator TELESHEVSKY ALEXANDRA					Owner (Same as operator)										
5 1	Address 28 CHAMPA ST					Address _____										
	City NEWTON State MA Zip 02464					City _____ State _____ Zip _____										
	Insurance Company STARSTONE NATIONAL					Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)										
6 1	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N					Event Sequence 1 22 22 22 22		2		3 4		10 Undercarriage				
	Citation # (If Issued) _____					Most Harmful Event 1 23		1		9		5 11 Totaled				
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 99 24 24		8		7 6						
7 3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N										
	Please fill out for operator and all occupants involved												13			
	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												1			
8 2	Operator					See Above		99		4 4		0 0		10 1		
3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #Occupants		<input type="checkbox"/> Non-Motorist A Type		14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped							
8 2	License # --- St MA DOB/Age ---					Reg # 9DB559		Reg Type PAN		Reg State MA		13				
	Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____					Veh Year 2018		Veh Make AUDI		Veh Config. 2 20						
	Operator TOBIN PAIGE L					Owner (Same as operator)										
8 2	Address 545 COUNTRY WAY					Address _____										
	City SCITUATE State MA Zip 02066					City _____ State _____ Zip _____										
	Insurance Company QUINCY MUTUAL FIRE					Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)										
8 2	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		2		3 4		10 Undercarriage				
	Citation # (If Issued) _____					Most Harmful Event 1 23		1		9		5 11 Totaled				
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 99 24 24		8		7 6						
8 2	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N										
	Please fill out for operator and all occupants involved												13			
	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												1			
8 2	Operator/Non-Motorist					See Above		99		4 4		0 0		10 1		
	TOBIN, HANNAH					545 COUNTRY WAY SCITUATE, MA 02066		F 3		99 4 4		0 0		10 1		
	TOBIN, MAXWELL					545 COUNTRY WAY SCITUATE, MA 02066		M 6		99 4 4		0 0		10 1		
	SATHER, ANNA					545 COUNTRY WAY SCITUATE, MA 02066		F 4		99 4 4		0 0		10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Langley Rd

Union St

MV#1

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 travelling northbound on Langley Rd when MV#2 crossed over Langley Rd from Union St and struck her vehicle. MV#1 sustained moderate damages to its front bumper. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated she was stopped at the stop sign on Union St attempting to cross Langley Rd. The operator of MV#2 proceeded to cross Langley Rd when she was struck by MV#1. The operator of MV#2 stated MV#1 was travelling at a high rate of speed. MV#2 sustained minor damages to its rear passenger side wheel area. There were no reported injuries to the operator of MV#2 or its passengers.

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