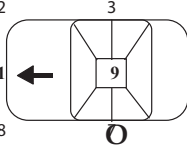
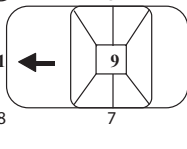


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/09/2021	Time of Crash 13:58 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
<b>NORTH</b> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<b>WEST</b> Route# _____ Direction _____ Name of Roadway/Street _____ Also at Intersection with _____							<b>Centre St</b> 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 _____	
<b>WEST</b> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			<b>Centre St</b> 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000923		
License # _____ St FL _____ DOB/Age _____			Reg # 9143			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2021			Veh Make TOYOTA RAV4			Veh Config. <u>2</u> <u>20</u>		
Operator <u>DORSEY</u> <u>PETER</u> <u>HOWARD</u>			Owner (Same as operator)								
Address 22 MAPLE ST			Address _____								
City NEEDHAM State MA Zip 02341			City _____ State _____ Zip _____								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>								
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			-----		---			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants										<input type="checkbox"/> Non-Motorist A Type <u>14</u>	
License # _____ St _____ DOB/Age _____										Reg # 215N50	
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____										Reg Type PAN	
Operator _____										Reg State MA	
Address _____										Veh Year _____	
City _____ State _____ Zip _____										Veh Make UNKNOWN	
Insurance Company _____										Veh Config. <u>2</u> <u>20</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>										Owner _____	
Citation # (If Issued) _____										Address _____	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										City _____ State _____ Zip _____	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Vehicle Action Prior to Crash <u>1</u> <u>21</u>	
										Damaged Area Code: (Circle Up to Three)	
										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>	
											
										Most Harmful Event <u>1</u> <u>23</u>	
										Driver Contributing Code <u>9</u> <u>24</u> <u>24</u>	
										Underride/Override <u>25</u> Towed <u>N</u>	
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			-----		---			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St

Washington St

Centre St Bridge

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On November 9th, 2021 at approximately 13:58 hours while assigned to N491 I responded to a report of a MV crash involving a possible hit & run in the area of #300 Washington St

.

On my arrival I located vehicle #1 a 2021 Grey Toyota RAV4, MA plate 9143, operated by a Peter Dorsey. He reported being N/B on the Centre St bridge attempting to turn left onto Washington St W/B when vehicle #2 who was on his left went straight ahead(from a left turn only lane) striking his vehicle(drivers side ) as he was making his turn. Vehicle #2 was in the wrong lane for the direction the vehicle went.

Mr Dorsey described vehicle #2 was an older model Grey Van, possible Ma. Reg.215N50, operated by a white middle aged female. She continued straight after the crash towards Watertown. The female operator did make

(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

THOMAS J MCCARTHY      NEWTON POLICE DEPT      11/09/2021

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00

♀ Pedestrian



CDP1 11 -24:00