

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 11/11/2021	Time of Crash 12:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
16 WEST WASHINGTON ST Route# Direction Name of Roadway/Street At EAST WOODLAND RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# 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 2100000935					
License # --- St NC DOB/Age --- Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator GOLANN ASPEN L Address 283 CONLEY RD City BAKERSVILLE State NC Zip 28705 Insurance Company GEICO Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 492BE4 Reg Type PAN Reg State MA Veh Year 2016 Veh Make SUBA Veh Config. 2 20 Owner GOLANN HELAINE SCARLETT Address 221 ISLINGTON RD City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 8 7 6 5 11 Totalled									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code Operator See Above --- 1 4 4 0 0 10 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator MACMILLAN JULIE E Address 31 PARKER ST City ACTON State MA Zip 01720 Insurance Company COMMERCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 853WM7 Reg Type PAN Reg State MA Veh Year 2013 Veh Make JEEP Veh Config. 2 20 Owner MACMILLAN JENNIFER Address 11 E.MAIN ST City HOPKINTON State MA Zip 01748 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y 8 7 6 5 11 Totalled									
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. Medical Facility System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1 NONE MACMILLAN, JENNIFER 11 E.MAIN ST HOPKINTON, MA 01748 --- F 2 99 5 4 0 0 10 1 NONE MANNING, GRACE --- F 6 99 4 4 0 0 10 1 NONE									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Woodland Road

Unit 1

Unit 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 that she was traveling wesr on Washington St in the left hand (passing) lane when MV#2, who was entering Washington St from Woodland Rd crashed into the passengers side of MV#1.

The operator of MV#2 stated that she was exiting Woodland Rd (east bound) and attempting to turn left onto Washington St. According to operator #2, the right hand travel lane on Washington St was clear of traffic and as she inched forward, crash occurred with MV#1.

No injuries, no tows.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
LALLY, MICHAEL,	,	----	Y

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

GEORGE M CLAFLIN

NEWTON POLICE DEPARTM

11/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date