

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/12/2021	Time of Crash 07:19 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 1301 CENTRE 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								
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								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000937		
License # --- St MA DOB/Age ---			Reg # 1MTE27 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Veh Year 2012 Veh Make FORD Veh Config. 2 20					
Operator WINTERS EILEEN R Last First Middle			Owner (Same as operator) Last First Middle			Address _____			City _____ State _____ Zip _____		
Address 19 AVERY ST			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INS			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			11 Totaled		
Citation # (If Issued) _____			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23			11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N			11 Totaled		
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			1		
Operator			See Above			Age/DOB			Sex		
						Age/DOB			Sex		
						Age/DOB			Sex		
						Age/DOB			Sex		
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 NH DOB/Age ---			Reg # 4578860 Reg Type PAN Reg State NH			Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Veh Year 2019 Veh Make HONDA Veh Config. 2 20					
Operator WHEELER ELLEN CATHERINE Last First Middle			Owner (Same as operator) Last First Middle			Address _____			City _____ State _____ Zip _____		
Address 32 CROSWOOD WAY			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company UNKNOWN			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Driver Contributing Code 17 24 24			Underride/Override 25 Towed N			11 Totaled		
Citation # (If Issued) _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23			11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 17 24 24			Underride/Override 25 Towed N			11 Totaled		
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			1 NWH		
Operator/Non-Motorist			See Above			Age/DOB			Sex		
						Age/DOB			Sex		
						Age/DOB			Sex		
						Age/DOB			Sex		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1301 CENTRE ST

CENTRE ST

CYPRESS ST

NOT TO SCALE

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:

On Friday 11/12/2021 at approx 0719hrs, while assigned to N-496, I responded to an MVA in front of 1301 Centre in Newton. On scene, I observed MV2's front bumper still in contact with MV1's rear bumper. The operator of MV2, Ellen Wheeler, was hunched over inside her vehicle with her head resting on the driver side window. When I opened the door, she slowly raised her head and appeared disoriented. She did not know where she was and was unaware she was just involved in an accident. Medics and fire personnel placed Wheeler on a stretcher and she was transported to NWH. MV2, which sustained minor front end damage, was moved to the First Baptist Church parking lot at 848 Beacon St. The parish was notified that it would be parked there temporarily.

Operator of MV1 said that she was stopped in traffic heading NB on Centre St when MV1 hit the back of her

(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

KEVIN DURICKAS NEWTON POLICE DEPTA 11/12/2021

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

CDP1 11 -24:00

♀ P

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00