

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/21/2021	Time of Crash 18:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 704 BEACON 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 3			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000971	
License # _____ St MA DOB/Age _____			Reg # 9KR963 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make FORD Veh Config. 1 20			12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator JENNER CATHERINE			Owner (Same as operator)			1	
Address 2 TOWN HOUSE LANE (apt. 5)			City ACTON State MA Zip 01720			Insurance Company GOVT EMPLOYEES INS			5 2	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) T1448027			Violation 1: Ch 90/244 Sec Violation 2: Ch 90/244 Sec			6 1	
Violation 3: Ch 89/4A Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed Y			Event Sequence 2 22 22 22 22 2 23 10 24 24 8 7 6			13 2	
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			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			13 2	
License # _____ St _____ DOB/Age _____			Reg # 1EHF27 Reg Type PAN Reg State MA			Veh Year 2021 Veh Make HYUNDAI Veh Config. 1 20			12	
Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Operator EAN HOLDINGS LLC EAN HOLDINGS			Owner (Same as operator)			1	
Address 14002 EAST 21ST ST (apt. 1500)			City TULSA State OK Zip 74134			Insurance Company SAFECO INSURANCE COMPANY			5 2	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec			6 1	
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec			Underride/Override 25 Towed Y			Event Sequence 1 22 22 22 22 1 23 1 24 24 8 7 6			13 2	
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			13 2	

Crash Narrative:

Operator of MV1 was unaware she was involved in an accident and was informed by me that she struck a parked vehicle. MV2 was unoccupied and parked in front of 704 Beacon St. facing Eastbound when it was struck. MV2 was moved approximately 10 feet when it was struck by MV1. MV1 sustained heavy front right end damage. MV2 sustained heavy drivers side and left passenger side damage. No injuries reported. Tody's service responded on scene and towed both vehicles involved. A towed motor vehicle form was filled out for both vehicles and placed on file.

Operator of MV1 was arrested on scene and cited in hand for the following offenses: MA Uniform citation #T1448027.

(Continued on next page)

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

JUSTIN MARCH			NEWTON POLICE DEPT.		11/21/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					

